## ORAL HYGIENE



Spring Scene, Washington, D. C., Five State Post Graduate Clinic, May 19-23.

APRIL, 1940
Published for
The L. D. Caulk Company
Room 248, Flood Building
San Francisco, Calif.

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Under the widest possible viety of conditions, the 5-In Cam-Lock Vulcanizer gives atisfactory, dependable serice.

With suitable attachmen it may be used for denturesins as well as rubber.

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#### 5-Inch Cam-Loc Vulcanizer

There is ample space for the extra large flasks, in a Cl. Dent Compress, in the 5-In Cam-Lock Vulcanizer.

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# We are mighty proud of this seal!

Ever since Pro-phy-lac-tic Tooth Powder was first introduced to the profession and to the public it has *always* carried the Seal of Approval of the Council of Dental Therapeutics

Approval of the Council of Dental Therapeutics of the American Dental Association. We have never used extravagant claims to push it. We have relied on its pleasant flavor, and on the fact that it is a pure, absolutely *safe* dentifrice.

Pro-phy-lac-tic

Surely, this "accepted" dentifrice is the type you prefer to recommend.

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Florence, Mass.

#### Add \$100.00 a Month

"Individualized Denture Service" and



#### 2 Unique Practice-Builders

There Are 1,000,000 Denture Cases with Opaque Bases and Non-Translucent Teeth to Be Remade When

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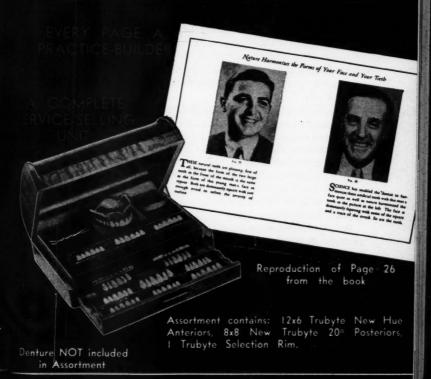
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#### Trubyte New Hue Assortment No. 140 Will Do It!

ndividualized Denture Service," the book, 121/8" x 91/4", is handsomely bound in brown and gold. Its 48 pages and 54 illustrations dramatically and convincingly tell the story of what professional denture service can do for appearance, health and comfort.

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## The Publisher's CORNER



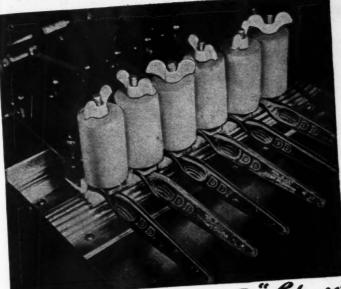
#### BY MASS

NUMBER 226

This department's faithful little band of readers has been told a perhaps tiresome number of times about what goes on in the noodle of a stutterer. True confessions on this subject have more than once provided a theme for these pages when all else failed, when desperation ruled the roost because the muse was stuttering, too, or practically mute. This time, topics are not lacking, but I think I will write again about stuttering because ever since yesterday I have been able to think of little else.

It was yesterday, at lunch, that Bob Ketterer showed me a headline in the daily paper. "Brain Waves Discovery Held Stuttering Cure," it said. Always eager to find a cure for my stuttering more effective than my own homespun remedies, I was instantly atwitter. I had some misgivings right quick, though, because my mind at once conjured a picture of me having to have my brain waved the way the women get a hair-do, and I did not fancy myself sitting under one of those big gadgets with my brains braided among the wotsits. It was a silly conception, no doubt.

But the article, when I had read it, gave some faint intimation that perhaps stutterers do have sillier ideas than regular people. At any rate, we don't have mental mechanisms of the standard tried and true variety. At least that appears to be the conclusion reached by Dr. Donald B. Lindsley of Brown University. There is, first of all, a sinister implication, a disturbing suggestion, in his reported discovery that "electrical brain waves might be used to diagnose and correct defects of speech and other aspects of human behavior." Get that—"other aspects of human behavior." When for years you've been certain that stuttering was the only thing that ailed you, it sets you to brooding to have it suggested that, laced up with the stuttering, there are (Continued on page 392)



The D. D. TOOTH BRUSH Can Take it"

The D. D. Tooth Brush is made with high-quality, genuine, resilient bristles. Sample brushes from different lots scientifically scrub stainless steel barstens of thousands of times. They must have a topnotch standard of "wearing capacity." Lots that don't are discarded.

#### Finds Hide-Away Tooth Areas —Massages Gums Kindly

A small brush-head with strategically spaced tufts searches out hidden tooth areas. The twist of the handle helps the hand grasp the D. D. Tooth Brush so that the brush surface naturally parallels teeth and gums for the correct method of brushing.

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NU-FOLD D

Doctor finds many uses for these napkins

#### SAYS THE D. A. (DENTAL ASSISTANT)

• Nu-Fold Dental Napkins, sterilized, are almost indispensable in the well-ordered operating room. They are made of high-grade, soft, absorbent J & J Gauze. The fold and ravel-resisting edges permit easy withdrawal one at a time. The trial-size box of 100 costs 55¢, but most dentists save money by buying boxes of 500 for only \$2.35.

(These prices apply only in U.S.A.)

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## DENTAL NAPKINS

"other aspects of human behavior" which could do with a bit of repair work. Nuts to you, Dr. Donald B. Lindsley.

My brain waves (alpha rhythms to you) come out of the top of my head about ten times a second, according to Donald B.—and that's news so far as I am concerned. I never knew anything special was going on up there by way of an electrical display. Maybe in the dark I look like the Aurora Borealis, but I hope not.

Doctor Lindsley discovered (so he says) that ambidextrous people, and left-handed people and we stutterers crackle mentally with more skull static than you regular people do. Now that he mentions it, I swear I seem to hear some sort of an uproar going on under my hair.

And as if the static were not bad enough, he comforts me with the news that the brain waves during a spell of stuttering actually are short-circuited. All I hope is that some time my ears don't catch fire while I'm in the midst of having my elocution electrocuted.

If I want to believe Don, my brain waves are out of kilter because they are more asynchronous than other people's. (Look that one up, Mary, please.) He says everyone's brain waves fail to keep perfect time, that they are, therefore, asynchronous—but that stutterers' brain waves can't carry a tune in a handbasket.

So when you ask me something and I stutter incoherently when I try to answer you, all you can do is try to figure what the wild waves are saying.

## PYROZIDE TOOTH POWDER DENTINOL (Liquid)



DENTINOL is successfully used by dentists in treating Pyorrhea, Trench Mouth, Gingivitis, Vincents Disease and other inflamed conditions of the oral tissue. We ask you to treat one difficult case of Pyorrhea or any other oral disease and convince yourself of the marvelous healing qualities of DENTINOL which is sold on a money back guarantee.

We urge you to prescribe PYROZIDE TOOTH POWDER because it contains DENTINOL, which inhibits germ life and has been prescribed throughout the world, for the past thirty-five years. It is a splendid aid for home co-operation and twice daily use. It removes mucoid deposits, retards the accumulation of salivary deposits, keeps the teeth clean and the gums healthy.

2 OZ. SIZE \$1.00

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#### 1940 CONFORMAX REBASE

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The upper and lower dentures on the left illustrate the kind of a bite you are likely to star a result of using a quick setting Impression Material which does not give the dentures chance to go to place.

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Konformax Rebase is also an ideal impression plastic for permanently rebasing or plicating (jumping) dentures. The result is a well-balanced functional impression.

Konformax Rebase is of smooth, easy-flowing consistency... Does not set by chemdaction... Variations of office temperature have no effect on it... The composition of mormax does not change with age... It is always ready... It produces perfect suction aducation... Lasts from six weeks to six months, in the mouth... Is non-irritating and may eused on any standard denture material, either full or partial... Is not affected by saliva and is inexpensive because ten or more rebasings can be obtained from a \$4 package six tubes.

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The Filling Porcelain Improved Powders in this package will match 75% of your "silicate" cases without blending.

You save 163/4%—the six Filling Porcelain Improved Powders and two Liquids are valued at \$20.00.

Moreover, you receive generous trial bottles of True Dentalloy and Zinc Cement Improved.

True Dentalloy is a dependable, 70% silver alloy, with outstanding crushing strength, high resistance to flow, excellent color, and high resistance to tarnish. True Dentalloy restorations endure.

Zinc Cement Improved is a thoroughly satisfactory cement for all cementing requirements. It is strong, has great holding power and high resistance to oral fluids.

All these products comply with A.D.A. Specification requirements, and have proved their merits beyond question in clinical application and laboratory tests. This is why they are the choice of dentists everywhere.

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- No. 21 Light Yellow

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- 2 Bottles of Liquid
  1 Trial Bottle True Dentalloy, "A" Cut.
  1 Trial Bottle Zinc Cement Improved Powder No. 12, Tooth Yellow
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(not including trial bottles of True Dentalloy and Zinc Cement Improved)

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# 3 times as fine yet Fleck's combines the strength of 2 cements.

Although the extraordinary strength of Fleck's Cement has always been taken for granted, few doctors realize that Fleck's actually provides the strength of two cements.

It may seem that such a great reserve, while it guarantees endurance, might not wholly be brought into effective use. However, since scientific research clearly exposes the direct bearing of cement strength on cement density, and its power to resist disintegration, you can readily understand why Fleck's holds forever . . . regardless of the extent to which it is subjected to stress or strain.

That's why Fleck's Cement is now used in the majority of clinics and dental offices throughout the entire world.

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## 2 ways to get PERFECT IMPRESSIONS

#### 1. MIZZY LOW HEAT COMPOUND

Mizzy Low Heat Compound is safe . . . it eliminates all chance of burning mouth tissue because it's ready for use at only 125° F. But, it is also preferred because its fine texture accurately reproduces the most delicate details sharply and without distortion.

Mizzy Low Heat Compound is ideal to work with. It chills easily, fractures cleanly and carves without flaking or chipping.

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Trulastic's accurate and extremely simple technique is not complicated by special expensive equipment. Even in the most difficult cases of undercut, overlapping or bell-shaped teeth, its unusual elastic properties are ideal for easy-to-take full, partial and inlay impressions. Literature is available upon request.

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#### From the Records



"My Visualizer paid for itself in the first "
24 hours..."

ABOVE is the unsolicited "More \$
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With the Visualizer the story of modern dentistry and the wonders of dental prosthetics are unreeled before the patient's very eyes in a graphic presentation worth 10,000 "sales talk" words.

The patient actually sees what dental science has accomplished for others, and thus understands what your service can do for him.

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THE DENTISTS' SUPPLY COMPANY OF NEW YORK

# The Perfect Circle blending plan works like music up and down a scale



The "Perfect Circle" blending plan keys a complete sequence of colors—arranged like music up and down a color scale. From lightest yellow to lightest gray—through darker yellows to grayish yellow to yellowish gray—every tooth shade combination is easily, accurately determined.

9 out of 10 teeth can be perfectly matched to one of the seven "Perfect Circle" fixed tooth shades. When blending is required however, you pair only equal parts of two keyed colors to produce practically every blended shade.

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We have now developed special basic pigments which substitute the reddish hue of the natural tooth for the lifeless green cast of less modern silicates. Of course, Certified Enamel is certified to surpass A.D.A. specification No. 9.

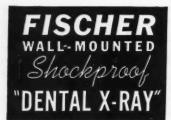
LEE S. SMITH & SON MFG. CO., 7325 PENN AVE., Pittsburgh, PENNA.

## 2 Great SHOCKPROOF Dental X-RAY Units

ON WHICH DO YOU WANT FULL INFORMATION? . . . No Obligation

FISCHER dental x-ray apparatus is made in two models—the FISCHER Wall-Mounted Shockproof Dental X-Ray and the FISCHER Mobile (Pedestal-Mounted) Shockproof Dental X-Ray. Performance of these two models is identical. They differ only in the method of mounting.

On this page and on the page following are shown illustrations of the two new FISCHER Shockproof models of dental x-ray apparatus that have created so great a sensation, not only in the United States but also around the world. Either of these remarkable units will give fullest satisfaction. For convenience in use, attractiveness, highest-quality performance and reasonable cost, either model is unexcelled.



Tid you ever stop to realize that fees from radiographs taken—and from additional dental work uncovered—very soon pay the entire cost of your own x-ray apparatus? Again and again we have been told by dentists, using FISCHER x-ray apparatus, that installing the equipment was about the best investment they ever made. Returns on their investment were 100% or more above monthly carrying charges. Soon the equipment was fully paid for and the



increased income became clear profit. Besides they were able to serve patients better and to build greater prestige and good will. Increased income and highest service to your patients are the two reasons why you should have one of these great FISCHER x-ray models in your office.

★ For special features of construction and performance, see next page.

#### FEATURES

Shockproof throughout. Tube and transformer immersed in oil. Grounding wire in line cable.

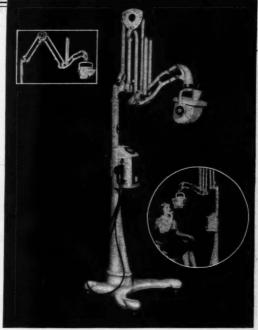
Ample Power. More than sufficient for dental needs. Results excellent.

100% Flexible. Every required position easily and very quickly obtained while patient remains in chair.

Fine Control. There is only one meter and one control. Operation is simplicity itself.

X-Ray Tube. Of the fineline-focus type. Designed for endurance plus great radiographic definition.

Guaranteed. This apparatus is backed by the strong FISCHER guarantee of efficient performance.



7

#### FISCHER Mobile-Shockproof Dental X-Ray Apparatus

This apparatus differs from the wall-mounted model only in method of mounting. Performance is identical.



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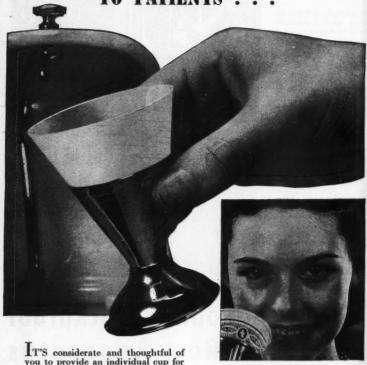
#### CHECK AND MAIL CARD-NOW

★ A handy, no-postage-needed card is attached for your convenience. Signing and mailing this card puts you under no obligation. It will bring you, promptly by return mail, a large, 2-color, illustrated and descriptive folder giving full information. You owe it to yourself to get the facts. Simply CHECK, sign and mail this card—today.

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#### ONE WAY TO SHOW CONSIDERATION TO PATIENTS



you to provide an individual cup for each patient. Whether fussy or not, you will find that all patients like the subtle compliment of having their own personal cup.

The paper cup is a refinement and its cleanliness is taken for granted. A health conscious public has come to rely on it, and often to expect it. This is the case in dentists' offices where sanitation should be exemplary.

With Dixie or Vortex cups costing but a small fraction of a cent each,

they provide inexpensive health and good-will insurance.

Ask your dental supply man to give you details on Dixie flat-bottom, and Vortex coneshaped cups. Both types are firm, crisp, and inviting. There's a special combination offer for cups, metal holder, and attractive dis-penser. Dixie-Vortex Com-pany, Chicago, Ill., Easton, Pa., Los Angeles, Cal.

#### DIXIE-VORT





#### A one-dish breakfast abundant in nutrients



The wide range of nutritional values in the combination of whole wheat, milk and fruit makes this one-dish breakfast an adequate morning meal for most normal people. It consists of National Biscuit Shredded Wheat, milk and sliced bananas or other fruit.

National Biscuit Shredded Wheat is whole wheat with nothing added. In two of the biscuits plus a cupful of milk, the following nutrients are naturally present:

CARBOHYDRATES. Our product is 77% carbohydrates. Milk has about 5%.

PROTEIN. Our product is 10% protein. Milk has over 3%.

IRON. Our product is an excellent source, with .0034%. Milk has .0002%.

CALCIUM. Our product has .04%. Milk has .12%.

PHOSPHORUS. Our product has



an excellent content, .42%. Milk has .09%.

VITAMIN B<sub>1</sub>. Approximately 120 Sherman-Chase units in two biscuits. One cupful of milk adds approximately 77 Sherman-Chase units.

VITAMINS A and G. Our product gives these vitamins in lesser quantities. Milk is rich in both of them.

ENERGY. In two biscuits and one cupful of milk are approximately 370 calories.

With the addition of a sliced banana, of course, Vitamins A,  $B_1$ , C and G, the extra iron and carbohydrates are added.

To the majority of tastes this simple breakfast, hearty but not heavy, has a pleasing appeal. And its hunger-staying qualities, with its needed minerals and vitamins makes it widely acceptable as a well rounded morning meal.

The clean, to a sted flavor of National Biscuit Shredded Wheat makes it useful in encouraging increased intake of milk which, according to surveys, is far below the nutritionally desirable level in many families.

Through more than forty years in millions of homes, billions of breakfasts of National Biscuit Shredded Wheat have been enjoyed.

National Biscuit Company Address: New York, N. Y.

#### VITAMIN B.

#### A RECENTLY IDENTIFIED COMPONENT OF THE VITAMIN B COMPLEX

• During the past few years, brilliant research made possible the resolution of the vitamin B complex into various components, including thiamin, riboflavin and nicotinic acid (P-P factor). The essential characters of these factors in human nutrition are, of course, clearly recognized. Within the past two years another compenent of the complex, namely, vitamin B<sub>6</sub>, has been identified. At the present time, it appears very probable that this vitamin is also necessary for the human.

Vitamin B<sub>6</sub> has been designated biologically as, "that part of the vitamin B complex which is responsible for the cure of a specific dermatitis developed by young rats on the vitamin-free diet supplemented with Vitamin B<sub>6</sub> and lactoflavin" (1). The isolation in crystalline form, chemical identification and synthesis of vitamin B<sub>6</sub> have already been accomplished (2, 3). Chemically, vitamin B<sub>6</sub> is 2-methyl, 3-hydroxy, 4, 5-dihydroxymethyl pyridine. The free base melts at 160°C. and is apparently stable at elevated temperatures.

A recent medical report (4) suggests that vitamin B<sub>6</sub> may be an essential com-

ponent of the human diet. In one small group of persons it was observed that certain neurological symptoms, which did not respond to treatment with nicotinic acid, riboflavin and thiamin, were distinctly alleviated by the administration of pure synthetic vitamin B<sub>6</sub>. This observation is strongly indicative of the importance of vitamin B<sub>6</sub> in human nutrition, and further emphasizes the importance of a varied diet for supplying all nutrients required by the human being.

The distribution of vitamin B6 in food products has not as yet been extensively investigated. However, vitamin B6 activity has been observed in a variety of natural food materials (5). Hence, it appears that we should continue to rely upon a varied diet to supply our requirements for all components of the vitamin B complex, vitamin B6 included. The high heat stability of this new vitamin suggests that many foods which commercial canning makes readily available during all seasons of the year may prove to be valuable sources of vitamin B6, whose essential character in human nutrition seems strongly indicated at this time.

#### AMERICAN CAN COMPANY 230 Park Avenue, New York, N. Y.

- (1) 1939. The Vitamins, pages 127-140, American Medical Assn., Chicago.
- (2) a. 1938. Proc. Soc. Exptl. Biol. Med. 38, 64. b. 1938. J. Am. Chem. Soc. 60, 1267.
  - c. 1939. Ibid. 61, 1237.
  - d. 1939. Ibid. 61, 1242.

- (3) 1939. J. Am. Chem. Soc. 61, 1245.
- (4) 1939. Am. Med. Assoc. 112, 2414.(5) a. 1936. Missouri Agric. Expt. Sta. Research
  - Bull. No. 241. b. 1938. Biochem. J. 32, 708.
  - c. 1938. Indian. J. Med. Res. 25, 879.

What phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. Address a post card to the American Can Company, New York, N. Y. This is the fifty-eighth in a series which summarise, for your consenience, the conclusions about canned foods reached by authorities in nutritional research.



The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Conncil on Foods of the American Medical Association.



QUPPLY HOUSES in many cities report a fast growing Stendency among Dentists to ask for "Cristobalite".

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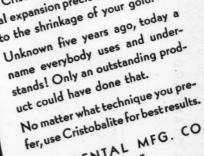
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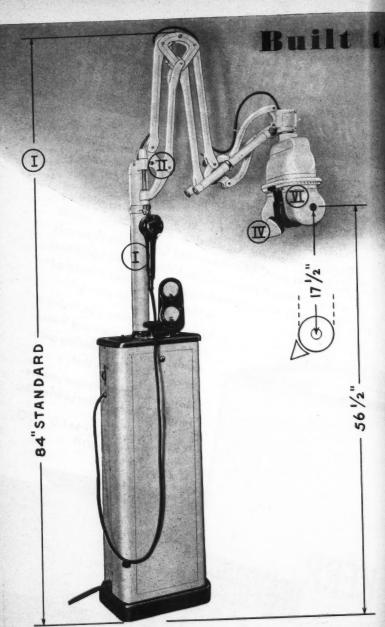
Plainly, to the great army of progressive, discriminating Merely that one word-nothing more. Dentists everywhere, "Cristobalite" actually means "Invest-

ment". You use Cristobalite and Cristobalite alone in every investment purpose. Cristobalite, the only investment in the world whose thermal expansion precisely corresponds



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#### nit Your Individual X-Ray Requirements

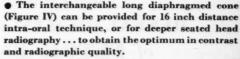
The diagram shows you how the Ritter Shockproof X-Ray can be diversified for various types of installation dependent upon your own needs.

Whether you are tall or short . . . whether you want your X-ray away from the wall . . . if you prefer long distance technique or operate your X-ray for deep scated radiography . . . your requirements can be met with the Ritter Shockproof X-Ray Unit. For instance:

• The columnar steel supporting tube (Figure I) can be supplied from four to six inches above or below the standard height, to accommodate tall or short dentists, or to provide for distance technique.

A ten inch extension support (Figure II) can be supplied to accommodate for installations in operating rooms of unusual size.

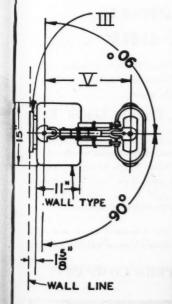
• For wall attachment a small metal plate (Figure III) is furnished with two slotted ends to permit cabinet installation flush with wall. Optional lengths of slotted plate can be supplied where it is desirable to mount the cabinet away from the wall.



• The radius of the X-ray head is swung in a 180 degree arc (Figure V) at a range of from 35 to 48 inches from the columnar support, ample to meet your radiographic requirements.

• On mobile base X-ray is elevated 11/2 inches.

With its exclusive air-cooled tube in a shockproof head (Figure VI) the problem of tube replacement is dismissed . . . for the air-cooled tube permits rapid dissipation of heat, permitting long use of your Ritter X-Ray without loss of tube efficiency. You can sense, feel and see the difference when you use a Ritter Model "B" Shockproof X-Ray, for at the touch of the finger the X-ray head can be moved easily to any and all positions. Eye it . . . try it . . . see how this X-ray unit is geared to your individual requirements. Your Ritter dealer will gladly explain all its possibilities . . . and how it can be a dividend paying investment. Or write direct for details.



#### Ritter

Dental Manufacturing Co., Inc. Ritter Park Rochester, N. Y.



#### New Clinical Studies

## of FETOR EX ORE . .

• Clinical studies have shown that the waste-laden colon may readily be the causative factor in offensive breath. A laxative is often indicated. Rely upon . . . th

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#### SAL HEPATICA... To Provide Liquid Bulk For Gentle Laxation

SAL HEPATICA makes a pleasant, effervescent drink which is not only gently aperient but also helps to reduce excessive acidity. Bile formation and flow are stimulated.



SAMPLES ARE YOURS FOR THE ASKING

SAL HEPATICA Flushes the Intestinal Tract and Aids Nature Towards Re-Establishing a Normal Alkaline Reserve.

BRISTOL-MYERS COMPANY

19-L West 50th Street · New York, N. Y.



It will be weeks or months before the sun regains its full strength, and in the meantime the accumulated deficiency of Vitamin D through the winter forces the level of dental caries to its annual high point in March. Dentists can perform a service of great value and far reaching effect by stressing the importance of the three dietary essentials for sound teeth—calcium, phosphorus and Vitamin D.

#### VITAMIN D INDISPENSABLE

"Vitamin D is of importance in the formation of normal teeth and the protection against dental caries, or decay. It acts more during the formative period of the teeth than at any other time, since it helps to balance the calcium and phosphorus deposited in the teeth and to lay down a firm, heavy tooth structure. A relatively high vitamin D content in the diet can do much to diminish the incidence of caries." (PRACTICAL HOME ECONOMICS—"Your Teeth and You" by Harriet Morgan Fyler, Sept. 1939, P 236)

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d.

#### VITAMIN D FOODS PLENTIFUL

It is easy to obtain the minerals in the variety of foods found in the American diet, but most foods contain none of the vitamin so indispensable in catalyzing the calcium for deposition in the dental and osseous tissues. Thanks, however, to Dr. Steenbock's discovery, a number of popular foods, cereals, milks and accessory foods are now enriched with extra Vitamin D, and other reputable manufacturers supply dependable Vitamin D pharmaceuticals, recommended by physicians. These products are available at little or no added cost as compared with foods not so enriched. Any family can secure its requirements of Vitamin D, easily, conveniently, and economically, and will gladly act upon your suggestion to do so.



Every manufacturer licensed by the Foundation is entitled to use this Seal on its licensed Vitamin D products and in its advertising. Every licensed

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# Let's Examine YOU, DoctorDo You Mind?

AND, if you please, in the best of good nature?

A recent survey, covering more than 3,000 ave age dental patients, showed that in ten years thin perceht changed dentists because of dissatisfaction. Doesn't your own experience show that the outstanding cause of dissatisfaction is fear of pain? Do you invariably protect your patient's comfort through proper pain control, utilizing all means including modern local anesthetics—especially for operations, sensitive cavity-preparations? Why not try hold down that thirty percent turnover insofar a your own experience is concerned?

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#### SEE YOUR DENTIST **EVERY 3 MONTHS!**

ache. Visit your Dentist every 3 months so keep a close watch for he can study occlusal gum disorders.

Don't wait until teeth | surfaces, detect and fill small cavities and

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#### IMPROVED IN 30-DAY TEST PERIOD

A recent clinical investigation under the supervision of 3 practicing Dentists and sponsored by Forhan's showed that 795 patients out of the 1048 examined had Gingivitis. 91 had Pyorrhea. 162 had normal gum conditions. 564 patients were given dental prophylaxis. All patients were instructed to massage their gums for a 30-day test period with Forhan's Toothpaste and Forhan's Gum Massager.

Results were then disclosed:

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100% having normal gum conditions maintained gums in healthy condition.

These results appear to justify that brushing teeth and massaging gums with Forhan's Toothpaste and Forhan's Gum Massager under professional dental care proved to be a helpful adjunct.

Clinical samples sent upon request to Forhan's, New Brunswick, N. J.

To your patients: a 50¢ Forhan Gum Massager will be sent any patient if they send us empty carton of large size Forhan's Toothpaste



## The Psychology of COMPOSURE

by I. FRANKLIN MILLER, M.A., D.D.S.

ONE OF THE OBSTACLES We encounter in everyday practice is the mental state of the average patient, a condition that results largely, but not entirely, from the fear of being hurt. We are not thinking of the acute dread experienced by those who are wholly unaware of the effectiveness of modern anesthesia for all operations in the mouth. What we have in mind is the nervous strain suffered by many patients who are aware of what modern dentistry is like, who really know there is nothing to be afraid of, but who are unable to inhibit or control inner disturbances that are almost as involuntary as reflexes.

The problem merits consideration because this mental state certainly tends to impair the efficiency of the service we are trying to render. It begins with the reluctance of patients to visit the dental office, even for a consultation. It is manifest in the nervous strain of the patient in the chair. in muscular tenseness, accompanied by conscientious effort to submit, by involuntary shrinking from the operator's touch. Even when it is not acute, such a mental condition has an adverse influence upon our relationship to patients, frequently strong enough to interfere with that clear understanding of a dental diagnosis, which is essential for

full appreciation of the importance of the proposed course of treatment.

This does not imply that this problem is a new one. All of us are aware of it; all of us are constantly exercising our persuasive powers to reason with, to reassure patients. These efforts are even a drain upon our energies; they waste time that should be productive. Moreover, they are largely unavailing, because the state of mind we seek to change is an irrational one. It cannot be reasoned away, it can only be effectively prevented or removed by counter suggestion. The problem is a psychological one.

Viewing it in this light, we sought to define the problem. We saw it as a question of substituting a desirable frame of mind for an undesirable one, a psychology of composure for a psychology of disturbance. Furthermore, assuming that it is not a logical but a psychological problem, we believed that the solution lay in the creation of an office environment that would "work" on the patient's mind, while the dentist was "working" on his job of dental health service.

In substance, of course even this idea is not new. The fact that the relationship between the dentist and his patient is a psychological one, has been consciously or unconsciously recognized for years. This recognition manifests itself in many things. Take the modern dental chair, for example. It is designed primarily for operative efficiency, but

the comfort, the ease of the patient, has been a no less important consideration. Many sensitive practitioners have given much thought to the preservation of quiet efficiency in their offices. Interior decoration of the dental office has been influenced by this idea. One could multiply instances. Nevertheless, we believe that what we term the problem of the psychology of composure has not yet received sufficient conscious and deliberate study. Right or wrong in this assumption, we believe that the expedients we have adopted may be of some interest to practitioners who are thinking along the same lines.

Quietness, the elimination of all avoidable noises in the office is an important factor. In planning our office that was one of our first considerations. Upon the floor of the reception room, rest room, business office, and passageway is a carpet that actually deadens all noise. The floor of the operating room and laboratory is rubber tile, while the ceiling of the treatment room is covered with thick cellulose tiles that have the same effect upon sound as cork. The partitions of the office are so arranged and constructed that they interfere with the transmission of sound.

To many this may seem fanciful and extravagant. Yet the proof of a pudding is in the eating thereof. Our patients become pleasantly conscious of the peaceful, noiseless atmosphere; they respond unconsciously to the ef-

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The mask of fear removed.

fect we produce upon their fearful minds, their jarred nerves. "It is so peaceful here," they often say after their sitting has terminated. "May I rest for a little while in your reception room?"

One of the obstacles to a psy-

chology of composure is the lynxeyed secretary, dressed in white, who sits in view of everybody in the reception room, an institution imposed upon us by commercial men who knew nothing about our real problems. This person has been eliminated from our office.

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We have a receptionist, a girl who sees everybody who enters the office, who takes care of our records, our telephone calls—although we have toned down the bell considerably—a girl who is alert to every need of a waiting patient. But, she sits in a business office next to the reception room and is invisible to the people sitting there. If they want attention, there are two cylindrical bell devices they can ring—yes! they have pleasing tones!

Of course, the color scheme, the furniture of the office, especially of the reception room have been designed to contribute to our desired effect. We avoided professional interior decorators, who use systems or periods. The chairs in our reception room are all different, also the settee. They have nothing in common but one attribute-they are most comfortable. Professional critics might object to our blue and silver wall paper-it is not at all like the wall covering of the ordinary dentist's or physician's office. The whole room is what we want-it resembles the sitting room or "parlor" of a cozy, pretty house in the country.

Of course we have amusing, if not soothing magazines. A dental salesman once told me that, when he saw Harper's Magazine or the Atlantic Monthly upon a reception room table, the chances were ten to one for a turn down, but that if The New Yorker or Esquire were there he waited for an interview. We have followed this thought. There is not much to be

gained by trying to make people *think* when they await a dental operation.

#### Treatment Room

The arrangement of the treatment room is the most important factor of all. The desired psychology of composure may break down, if disturbing influences exist in the treatment room.

For one thing, we are convinced that patients are disturbed by the sight of instruments, especially upon their first appointment. Therefore, we have revolutionized ordinary procedure; we have dispensed with the familiar cabinet, and make no use of the bracket table for its usual purposes. We use an instrument cabinet, behind the chair, which is tilted into the reclining position for operative work. The cabinet is within easy reach; burs, stones, and instruments can be picked up from the cabinet drawers, placed upon the top of it, and the only instrument seen by the patient is the one in use at the time.

The calming effect of this arrangement is especially noticeable in exodontia. Our cabinet is flanked by a small movable cabinet, in which are all the forceps, elevators and other instruments that are necessary for extraction or oral surgery. The patient never sees any part of this formidable armamentarium, only the instrument picked up for the particular operation.

However, there are circumstances in which it is desirable for the patient to see, even to

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handle the instrument one is about to use. This is very true of children, but also of adults, when the local anesthetic is to be administered—a curious thing that was not discovered by any a priori psychologic reasoning. In fact, we must leave the explanation to the psychologists. Nevertheless, it is true that if you let a child or an adult for that matter. handle the injection syringe, look at it, play with it, all dread of the initial "prick" disappears. They submit as peacefully as when you inspect their teeth with a mouth mirror-and with no other instrument.

Another interesting expedient is one that dispels the dread producing mystery of many dental operations. The main purpose of our operating bracket is to afford a place for a hand mirror. which we persuade every patient to hold and watch what is being done when a preparation for an inlay, a three-quarter crown, or a porcelain jacket is under way. It is true that operations of this sort can be done painlessly with the aid of a local anesthetic, but that is not enough to relieve the nervous strain of the patient, listening to the alarming inner noise of the bur. stone or chisel. We have found that if they watch what is being done to the tooth, they become so interested that they forget their fears. After we first discovered this significant fact, we made it a rule for all patients to witness all operations in the mouth that could be observed by



The serenity of composure.

them with the aid of the hand mirror.

There is more to this than the development of composure. Few patients realize the care, the delicacy, the digital skill that is necessary for a good preparation. It is a liberal education in the meaning of inlay work, for example, to let them see all that has to be done for the proper preparation of a cavity—with simple explanations as one proceeds. How many of us work strenuously in the dark, so far as the patient is concerned?

#### Aseptic Methods

Fear of pain is not the only factor that interferes with the development of what we have termed the psychology of composure. Among even half cultured people, today, there is a dread of

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uncleanliness, if not a more educated dread of infection or contagion.

To combat this mental attitude it is not enough to emphasize the analogy between a dental operation and general surgery. In fact, the parallel can be carried too far for the psychology of composure. A dental office in which there are too many white surfaces, too much gleaming metal, too obtrusive a likeness to a surgical operating room, is not likely to assure a patient who seeks dental service, not because he fears catastrophe, but to gain a benefit to health about which he may not be entirely convinced. So, while cleanliness and asepsis may not be synonomous, as the terms have meaning for the average patient, the stress should be on a cleanliness that is also aseptic. Above all, every expedient that is adopted for asepsis or cleanliness should be seen by the patient.

For example, the tissue cover for the headrest of the chair is changed after the last patient leaves the chair, but not until the next patient is in the treatment room to witness the change. The same applies to the cup on the cuspidor. We are accustomed to operating with the patient in a reclining position, during which it is often impossible to avoid contact between the patient's face and the dentist's office uniform. Therefore, a towel is suspended from the neck and over the jacket, a towel that is changed for each patient-for

that particular patient. Needless to say, this program is carried out to the extent of visibly washing the hands every time that we touch an unsterilized article, especially the telephone, in view of the patient; and the process of sterilization of all instruments is conducted before the patient's eyes.

The use of rubber dam for preparations for all types of restorations is another ample of expedients in the cause of composure. We are not here discussing the reasons for or against the use of rubber dam -if there are any sound arguments per contra. We may also dismiss the ancient myth that patients dislike the application of rubber dam; it is nothing but a myth. Not only do they not mind it, but when the aspect of infection is presented to them, they welcome its application. They can readily understand the possibility of infection if saliva is allowed to flood the cavity as it is being prepared, and how useless the restoration or inlay may be if infection is permitted to develop.

These are just a few of the expedients that we have adopted in the cause of what we have called the psychology of composure. Others could be cited, but let any research man in the psychology of "feeling" study these expedients, he will tell you that we are on the right track. We might have composed a theoretical psychological treatise, but we are too conscious of that difference

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ny ogy oewe ght cal are between ourselves and the practitioners of Europe, which a European dentist pointed out. "The foreign dentist," he said, "always wants to know why a thing is done, while the American dentist always wants to know how it is done."

The answer to those who think our expedients in this field are too fanciful is that they work. It is a pragmatic answer, but then we Americans are a pragmatic people.

412 Medical Arts Building Pittsburgh, Pennsylvania

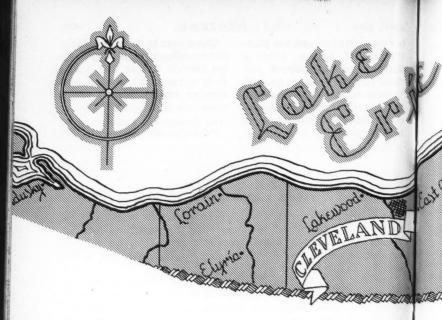
#### 1940 CENSUS BEGINS

This month begins the most complete census ever to be made in the United States. In addition to enumerating the population, facts on employment, business, wages, incomes from various occupations, agriculture, and soil conditions, the first housing survey will be undertaken in this 1940 census.

The dentist need not be concerned about the commercial inquiries. They do not apply to him, but he will be asked to answer queries under population, occupations, housing, and employment. Information on age, education, income, nativity, and so on will be requested. If the dentist maintains his own home he will be asked about its value or monthly rent, its size, physical condition, age, and conveniences. Answers to these and other census questions are required by law. Individual answers, it has been announced, will be confidential.

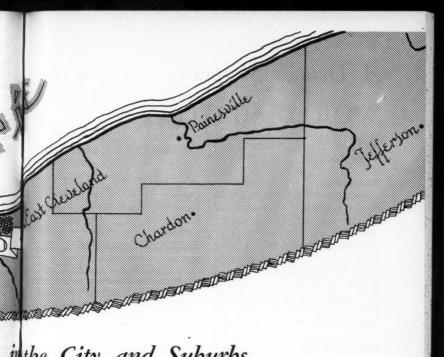
A survey of business conditions in dentistry began in January, and statistics on laboratory, equipment, and supply phases of the dental profession will be published as soon as accurate returns from all firms in the field have been received and tabulated in Washington. The usefulness of the totals lies in the fact that they will provide standards against which the dentist and dental technician or dealer can compare figures from his own office or firm records.

As the first U. S. Census was taken in 1790, 150 years ago, the one this year will be the sixteenth decennial. In the last census made in 1930, the number of dentists was 71,055. Women in the profession totalled 1,287.



## Dental Practice in the

		CLEVELAND	SUBURN
	AGE	39.01	41.6
	YEARS IN PRACTICE	15.35	16.5
	RENT PER MONTH	\$43.09	\$32.40
	GROSS FEES	\$6817.70	\$6226.81
(44)	GROSS CASH RECEIPTS	\$6116.57	\$5564.87
(F-1)	NET PROFIT	\$3725.49	\$3620.59
	EMPLOY AN ASSISTANT EMPLOY A DENTAL HYGIENIST	132 3	39 1
	Hours per day	7.802	7.62
$\mathcal{O}$	EVENING HOURS	1.916	1.91
	IDLE TIME	30.37%	28.5%
	FEE RATES PER HOUR	\$6.076	\$5.286
			1420



## in the City and Suburbs



41.6 16.5 32.40

26.81 64.87 20.59

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7.62

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28.59

5.26

	CLEVELAND	SUBURBS
REGULAR VACATION	129	34
IRREGULAR VACATION	141	33
ONE WEEK	82	11
Two weeks	131	36
FOUR WEEKS	18	8

THE ACCOMPANYING figures show the results of a survey of practicing dentists made in Cleveland and Northeastern Ohio by the Cleveland Dental Society. In October, 1938, questionnaires were sent to 1500 dentists in greater Cleveland and the suburbs and nearby communities. Replies were received from 365 dentists or about 25 per cent of those queried, and the information was carefully tabulated. The figures given here for age, years in practice, rent, fees, receipts, profits, and hours of labor represent the averages obtained by computation.

## A Dentist Shapes

### WORLD HISTORY

by MAXINE HERZBERG

NEWSPAPERS HAVE BEEN called the dispensers of history from day to day. In the past year, newspapers in different parts of the country have been carrying stories under these headings: "Dentist Linked with China in Unusual Tieup"; "New Yorker Has Unique China Rôle"; "U. S. Holds Unique Ties to China"; "U. S. Dentist in Kuomintang." In reporting the extraordinary rôle an American dentist is playing in shaping the political ideals of China, our newspapers are not writing but merely rewriting history. Historians and scholars have long ago discovered what American newspapers have been rediscovering.

While all Americans have ample reason for pride in the fact that "U. S. Holds Unique Ties to China," American dentists in particular, should be delighted to learn that one of their own colleagues, Doctor Maurice William, of New York City, is responsible for the ideologic ties between America and China.

Of course, the average American does not make a point of reading such books as China In Revolution by Harley Farnsworth MacNair, who is Professor of Far Eastern History and In-

stitutions at the University of Chicago. In his work, published eight years ago, Professor Mac-Nair writes of Doctor William's influence upon China's great emancipator, Doctor Sun Yatsen, in these words:

Two facts related to the SAN MIN CHU I (Doctor Sun Yat-sen's famous book, known in English as THE THREE PRINCIPLES OF THE PEOPLE) have not received the attention they deserve; first, that a period of more than three months elapsed between the presentation of the two series of six lectures each on "The Principle of the People's Nationalism" and Principle of the People's Sovereignty," and the last four lectures of "The Principle of the People's Livelihood"; and, second, that during this period, a book entitled THE SOCIAL INTERPRETATION OF HISTORY by an American scholar, Doctor Maurice William of New York City, fell into Doctor Sun's hands which profoundly affected his philosophy of history and revolution as presented in his analysis of the third principle . . .

In paragraph after paragraph, Doctor Sun either quoted almost word for word, or paraphrased, the arguments which he had found in The Social Interpretation Of History. He now repudiated in reality several of his own earlier theories, without however, directly calling attention to the fact, and rejected Marx's materialistic conception of history, the necessity for class struggle, and the theory of surplus value, substituting therefore the system of

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thought which he had recently discovered in Doctor William's work.

Another eminent historian, Professor James T. Shotwell, of Columbia University, devoted much time to a study of Doctor William's influence on Doctor Sun Yat-sen. His investigations culminated in a paper entitled, "Sun Yat-sen and Maurice William," published in *The Political Science Quarterly*, March, 1932. Here is a short excerpt from Professor Shotwell's statement:

Of all the strange chapters in the history of East and West there can be none stranger than this, that the founder of the Chinese Republic and the spiritual leader of the new China found in the writing of an unknown American author so clear a statement of the solution of the hardest problem in his political philosophy that he made the American formulation his own. The book in question is THE SOCIAL INTERPRETATION OF HIS-TORY and its author, Doctor Maurice William of New York City. The reading of THE SOCIAL INTERPRETATION OF HISTORY by Doctor Sun Yat-sen may yet turn out to have been one of the most important single incidents in the history of Modern Asia, for the consequences were immediate and far-reaching and have only just begun to show their full extent in the orientation of China . . . Viewed in this light we have not merely the meeting of two minds but of two civilizations: the American and the Chinese.

In the Encyclopedia of the Social Sciences<sup>1</sup> there is the following reference to Doctor William's influence upon Doctor Sun Yatsen:

Sun's doctrine of the "People's Livelihood" was a moderate form of





Doctor Maurice William

Socialism. He emphatically opposed class war and rejected Marx's materialistic conception of history for what he called, following Maurice William, the "social interpretation." Capital and labor must seek harmonious cooperation...

Today Doctor William is devoting much of his time to helping China meet the serious problems resulting from Japan's unprovoked invasion of that defenseless country. He has the distinction of being the only American to be elected a member of the Kuomintang (The Chinese Nationalist Party). He was initiated by Doctor T. C. Wong, then Ambassador to the United States. This unique ceremony took place at a special event in June, 1936. Doctor William is in charge of the nation-wide campaign for funds for Civilian Relief in China

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of which Theodore Roosevelt, Jr., is national chairman. He is also a member of the Board of Directors and Secretary of the American Bureau for Medical Aid to China. The Bowl of Rice Parties, with which most Americans are familiar, is one of the activities promoted by the Campaign Committee of which Doctor William is Chairman.

#### Early Interests

Maurice William is 58. He was born in Kharkov, Russia, His family came to the United States in 1889, when he was eight years of age, and settled in Brooklyn, New York. He used the adopted name of "William," given to his family by immigration officials unable to pronounce or spell his real name. While a youngster of fifteen, he became interested in social problems, and soon found himself an active worker in the Socialist Party. The ideals underlying the Socialist philosophy created a profound impression on his young mind and greatly influenced his entire career.

Although his studies had been shaped with the definite intention of his entering the legal profession, intensified interest in social ideals and a study of the evils of capitalism turned him away from a profession, which seemed to have nothing in common with the great mass of the people. It seemed to him that unlike the law, medicine and dentistry had constructive services to offer and he finally decided on the latter. He attended the New

York College of Dentistry, from which he was graduated in 1907.

With the breaking out of the World War, Doctor William realized that the social philosophy he had been advocating and teaching to others failed to stand up under test. He was appalled by the devastating results which followed the practical application of class war teachings. He reexamined the Marxian theories, devoting much of his time to intensive reading on the subject. These studies culminated in a book, which he published in 1920 entitled, THE SOCIAL INTER-PRETATION OF HISTORY-A Refutation of the Marxian Economic Interpretation of History. Here, Doctor William emphasized the inevitable struggle for subsistence-the law of self-preservation. Upon this, he grounded the needs of the consumer as contrasted with the Marxian teachings which stress the privileges of the producer, pointing out that not class welfare but social welfare is the goal toward which organized society should be striving.

The book was published as a private edition so as to enable Doctor William to submit copies to fellow members of the Socialist Party for criticism of his views. It was only after his former comrades failed to break down his criticism of the Marxian philosophy, which for a quarter of a century he himself had espoused, that Doctor William felt free to publish a general edition of his book. It is hardly necessary to

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add that it did not attain distinction as a best seller.

But it did travel far. A copy arrived in China and fell into the hands of Doctor Sun Yat-sen, the George Washington of his country. From that moment, Doctor William's book began to reshape the history, not only of China but of Russia with repercussions that profoundly influenced the entire world.

Doctor Sun had come under the influence of Lenin and of Russian Communism. Sensing a great opportunity to conquer China in his campaign for world revolution, Lenin sent a large staff of paid agitators, headed by Michael Borodin, with instructions to convert China into a Communist state. This objective met with no resistance from Doctor Sun, who apparently accepted Communism as the way out for the Chinese nation.

#### Miracle Needed

Borodin's efforts yielded spectacular results, and it became evident that only a miracle could prevent all of China from joining Russia as a one hundred percent Communist state. But China is not a Communist state; it is, in fact, an anti-Communist state, dedicated to principles identical with those upon which our own country is founded and which we have learned to recognize as American democratic principles. Here is valid reason for retaining our faith in miracles, for it was Doctor William's book which made possible China's miraculous escape from the agonies of complete domination by Communism.

In the Spring of 1924, Communist Russia was at the height of its successes in China. For some strange reason, Doctor Sun devoted the months of May, June, and July, 1924, to an intensive study of Doctor William's Social INTERPRETATION OF HISTORY, with its exposures of the fallacies of Communism. Doctor Sun was completely converted by the strong case Doctor William made out in defense of democracy, and this conversion was the beginning of the end of Communism in China.

In 1932, Doctor William published a second book, entitled Sun Yat-Sen Versus Communism—New Evidence Establishing China's Right to the Support of Democratic Nations, which presents in great detail the dramatic story of the collapse of Communism in China.

But it is not my intention to overlook the fact that I am setting down in the barest outline the life story of Doctor William, the dentist.

It may be truthfully said that from almost the first day after his graduation, Doctor William became active in advancing the progress of the dental profession. In 1912, he was the moving spirit in a small group which organized the Kings County Dental Society of New York. Two years later, he served as its President.

Credit for installing the first dental clinic in a school building

in the City of New York belongs to Maurice William. This goes back to 1912. The expenses for the installation of the clinic were assumed by a few of the pioneers in the Kings County Dental Society. It was principally the constructive achievements of this free school dental clinic manned on a volunteer basis by a few members of the Kings County Dental Society, which blazed the path to dental clinics now installed in the schools of the City of New York. He was also the first to introduce a series of free lectures on oral hygiene, both in English and in foreign languages, for adults in school buildings in collaboration with the lecture department of the Board of Education.

Incidentally, it might be of interest to readers to learn that Doctor William was awarded a prize by Oral Hygiene way back in 1915, which he promptly turned over for the use in the first free school clinic. The prize was offered for an essay on "How I Would Spend a Million Dollars on Oral Hygiene." There were three prizes, of which the second was awarded to Doctor William.

Most dentists, familiar with

dental society activities of the past twenty-five years, know something of the achievements of the Allied Dental Council of New York. But few dentists outside of New York know that this federation of ten dental societies was brought into existence by Maurice William.

At present Doctor William is Secretary of the Dental Advisory Board of the New York Department of Health and a member of Community Dental Service Committee of the New York Tuberculosis and Health Association. He has served for two terms as Chairman of the Oral Hygiene Committee of Greater New York, and is a member of the Advisory Board of the Guggenheim Dental Clinic.

Doctor William has presented and published many papers on dental problems and is proud to be a member of a profession that can render a health service of first importance to the public.

Doctor William has only one hobby but to that he is passionately devoted. That hobby is—work!

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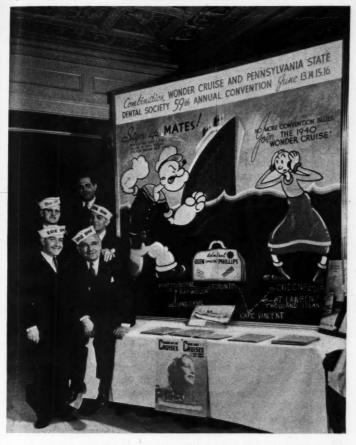
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107 West 86th Street New York, New York

#### CHANGE OF ADDRESS

ORAL HYGIENE will be grateful to readers who change their addresses if they will send both the old and the new address. Please also allow at least two weeks for an address change to become effective. Mailing wrappers are of necessity addressed two weeks or more prior to the publication date; hence when your address change reaches us late in the month preceding publication it is often impossible to make it effective before the second month following.



Officers of the Pennsylvania State Dental Society, which is sponsoring a cruise from June 13-16 on Lake Erie and Lake Ontario, including the Thousand Islands, to celebrate their fifty-ninth annual convention, are photographed with one of their effective posters. Front row (left to right): P. H. Richardson, Erie; C. J. Hollister, Executive Secretary of the Society, Harrisburg; second row, A. G. Reynolds, New Castle; G. S. Phillips, Meadville, President of the Society; and E. B. Hatch, of the Georgian Bay Line (in the background without a hat). Doctor Hollister is in charge of arrangements for this novel meeting.

### Men Are Such Poor HOUSEKEEPERS

by MARGUERITE McCLAIN

Who do you think I ran into, on her way home from her dentist's the other day, but Mrs. Jones, my old neighbor—and at that moment the proud possessor of a brand-new inlay? As Mrs. Jones and I used to be such awfully good neighbors, she still feels free to tell me everything.

"You know," she confided, as we window-shopped for a second, "I really believe that Doctor Klamp is hitting his stride at last. He's just a young man, started in right in the worst of the depression—and although he's been just as cheerful as could be—I've always felt, well, just a bit sorry for him."

"What makes you so confident of his increasing fortunes?" I asked her. "Reception room full of patients?"

"Not that exactly," Mrs. Jones answered. "But he's hired himself an assistant. I'm so glad the boy's getting ahead. Used to know his mother way back in Iowa..."

Her thoughts suddenly sidetracked. "Do you know," she announced out of a clear sky, "today was the first time I've ever seen the headrest of his dental chair covered. Must have been the assistant's doings. Frank never would have thought of it . . . I call him Frank you know, because of knowing his mother in Iowa . . . "

Space forbids me to record any more of the good woman's conversation, the remainder of which consisted mostly of an account of a box-lunch picnic back in Iowa with Doctor Klamp's mother. (How we got onto the subject of box lunches, I don't for the life of me know.)

But I do know that Mrs. Jones' remarks struck a resounding chord somewhere in my consciousness, causing some rather vague, partly formed theories to crystallize into a list of sharply etched arguments. Arguments for what? For hiring an assistant, of course. Just wait and listen. Perhaps you'll agree with me.

It's funny, but a dentist may be as conscientious as the dickens in regard to his own daily tub and scrub and nail-cleaning and fresh uniform change—and still be blissfully unaware of the inchthick dust on top of his dental cabinet.

He can make a fetish of keeping his white oxfords immaculate, but the window curtains can hang and hang and hang, and it never in this world occurs to him thai

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"... may take time to learn to develop an x-ray—but she'll know by instinct that the lampshades could stand a good cleaning."

that even a vigorous out-of-doors shake would relieve them of at least some of their coal dust. He

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reception room sofa is entirely disregarded.

However, let's not be too hard on the poor man. At home he is accustomed to his wife's taking capable charge of the dusting and curtain washing and spotremoving department. He still remembers with a shudder the time she went to the hospital to get Junior. The sheets refused to tuck under the mattress properly, the broom did a horrible job of cleaning the stair-carpet, and the kitchen stove splattered gooey things on the linoleum with a vengeance.

He is entirely, touchingly willing that the home dusting, curtain washing, and spot-removing department remain under his wife's jurisdiction. He has enough to do counting caries. (Not that he ever calls them caries.)

In fact he would be only too willing that she take care of the office cleaning too. But Mrs. Average Dentist's Wife is too busy with her home and P.T.A. meetings to do much to the office except to send up a bunch of lilacs once or twice every spring. And so the poor old place sort of struggles along by itself.

Now women are funny too. (When you get right down to it, everybody in this old world is sort of funny in one way or another.) A dentist may boil the life out of his instruments, but if the sterilizer itself needs polishing, a woman patient may not be quite as willing to "open wide" as she might. Sometimes she gets a stray peek at its insides too, and

wonders a bit uncomfortably—as well she might in a good many cases—how often the water is changed.

A dentist may remove "dental film" like nobody's business, but if the rungs of his chairs are coated with film of another sort, Miss Dainty and Mrs. Fussywussy aren't going to sing his praises very loudly or highly.

He may almost always have "standing room only" in his reception room. But if his busy-ness keeps him from dusting off his Venetian blinds, it will chalk itself up on the debit side of the ledger.

Now any half-way intelligent assistant can remove annoyances like this in a jiffy. Women are by Nature endowed to do tedious tasks over and over again—and pretend to love them. That calm, cheerful-faced girl you hire may have to take time to learn how to develop an x-ray—but she'll know by instinct that the lamp-shades could stand a good cleaning and that a single rose on her desk would brighten up things wonderfully.

She'll get a good polish to work on the furniture, and she'll callously discard all over-two-months-old magazines. She'll take the dental chair apart and put it together again, and she'll peer under the radiators with a critical eye.

She'll follow the janitor around like a hawk, to make sure that he "squares the corner," and that part of his mop isn't left wound around the table legs. On your 1940

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nd he at nd ur first afternoon off she'll probably re-enamel that little white stand you've had since you started up in practice, and make you ashamed of yourself for not having had it done before.

She'll sort out the burs, and sterilize the shears before she uses them to quarter the cotton rolls—and oh, lots of things. But, most important of all, her very white-uniformed presence will give an air of efficiency and wellbeing to your office.

We women are funny that way. We usually put our confidence in a man for the bigger jobs. But all the same we like to think that another woman is puttering around somewhere in the background, putting her house-wifely stamp of approval on every operation.

Do you blame us?

2917-33 Avenue, South Minneapolis, Minnesota

#### RED CROSS TO ENROLL TECHNOLOGISTS

At the request of the Surgeon General of the Army and in compliance with its policy of cooperation with both the Army and Navy, the Red Cross, as an expansion of its peace-time service for the military forces, has undertaken the enrollment of various types of medical technologists who are willing to serve in the medical departments of the Army and Navy if and when their services are required at the time of a national emergency. The plan, which was announced by Chairman Norman H. Davis of the American Red Cross, has been under consideration for almost a year and has no relation to the present war situation in Europe.

Among those included in the new enrollment will be chemical laboratory technicians, dental hygienists, dental mechanics, dietitians, x-ray technicians, and statistical clerks. Both men and women will be eligible for these services except in the case of chemical laboratory technicians and dental mechanics. Through the various associations and agencies of which these technologists are members, the Red Cross will give members details of this plan, including requirements for enrollment.

Technologists who are interested, however, are urged to write National Headquarters, American Red Cross, Washington, D. C., for full information.

# DENTIST WINS PRIZES FOR POULTRY

by HAROLD S. JONES, D.D.S.

COMPETING IN THE last World Poultry Congress held in Cleveland, George H. Diefenderfer, a dentist, won seven out of ten prizes given to entrants of American poultry, despite the fact that raising poultry is only a diversion that he has been enjoying after hours during the past few years. His interest in farm life, however, has been constant throughout the twenty-two years he has been practicing dentistry in Allentown.

After listening to his friends and patients tell of their troubles in unsuccessful farming, he began to think about their problems, which finally led him to join the local grange a good many years ago. He began at once to take an active part in it and assisted in preparing many displays held at horticultural meetings. More and more he enjoyed this deviation from dental practice, and he soon developed helpful ideas, such as the cooperative buying theory, to aid his farmer friends. Appreciating his efforts, the grange selected him as purchasing agent. But after successfully inaugurating this department he was forced to turn it over to someone who could give it more time, but he has kept on

advising farmers to join their own clubs and do everything else they can to help themselves.

To satisfy his desire to try out theories he had been advocating Doctor Diefenderfer bought a small summer home in the suburban section of Allentown a few years ago and began to raise chickens in a small way. Starting out on this venture he asked himself one question, "Why not raise the best chickens you can because it costs no more for the best?"

Before long his chicken business became pretty absorbing, and the result was that his prizewinning chickens at the Seventh World's Poultry Congress brought him much publicity. As a consequence I visited his farm, as an inquiring reporter. I asked Doctor Diefenderfer to tell me about his champion poultry.

"To win prizes in a poultry show you must naturally specialize in a certain breed," he said. "The Silver Laced Wyandotte is the particular breed of poultry which has interested me for many years. It belongs to the American class. The matured bird weighs 6½ pounds for the female and 7½ pounds for the male. It is a good layer and a very good table fowl; the rich yellow skin

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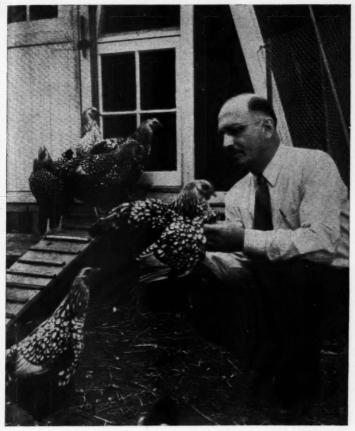
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Doctor Diefenderfer and some of his prize poultry.

making it a favorite on the market.

"My particular hobby," he explained, "is the mating and breeding of this variety. The fully matured bird does not interest me very much from the standpoint of the eggs or for table use, but rather its carriage, its type,

and its plumage are the three major points I observe. These are the outstanding characteristics to choose for breeding championship birds.

"While I had seven out of ten successful entries at the show, I want to remind you that many pleasant and anxious moments

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G. H. Diefenderfer, D.D.S., and his father-in-law, Ellsworth Kuhns (left).

were spent since last November when the two mating pens were selected; the fertility of the male birds was watched, and the chickens were supervised closely from February sixth until they were shipped to the big show in July."

Asked where he had won other prizes on this particular breed of chickens, Doctor Diefenderfer said: "I had two entries at the Eastern State Exposition, in Springfield, Massachusetts, where I was lucky enough to have the best trio, two hens and a cock, of the entire show.

"Just what breeds entered into the first Silver Laced Wyandottes it is impossible to say. That Dark Brahmas and Silver Spangled Hamburgs were two of them has been proved, as a cross of these two breeds produces fowls that resemble the Wyandottes except for some variation in shape and color, showing that some other unknown cross was added. The cross breeding between a black and white bird of this type took place under special control until a model resulted in which each feather of the chicken is white with a black border on it that looks like a piece of fancy lace work. One of my prizes in the Poultry Congress was for the best parti-colored chicken."

Doctor Diefenderfer is a veterinarian, natural biologist, dietician, sanitary inspector, and has had a postgraduate course in Public Health for Chickens, all of which he considers necessary to prevent losses among his chickens.

44 North Twelfth Street Allentown, Pennsylvania



London (England) Dental Magazine and Oral Topics: The Commander-in-Chief of the New Zealand Expeditionary Force, Major-General Freyberg, is a dentist. Not yet 50, he is the youngest man of his rank in the Army. Before he turned soldier at the outbreak of the World War, Major-General Freyberg practiced dentistry in a country town in New Zealand. Conspicuous bravery and brilliant leadership in the last war won him many distinctions. At Gallipoli, under cover of darkness, he swam two miles in an icy sea from a destroyer to the shore, was thus instrumental in saving thousands of lives, and was awarded the Distinguished Service Order. He won the Victoria Cross during the closing stages of the Battle of the Somme in November, 1916. Though wounded four times in the forty-eight hour engagement, he refused to retire. Instead he inspired his men to break the enemy lines, take a fortified village by storm, and capture 500 prisoners. Altogether Major-General Freyberg was wounded nine times

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during the last war and mentioned six times in despatches, but despite his wounds he has since made two gallant attempts to swim the English Channel.

Poughkeepsie (New York) Star Enterprise: An interest he took in Currier and Ives prints as a young man has developed through the years, and now Doctor W. E. P. Hewitt, a prominent Pine Plains dentist is known nationally as an authority on these prints. Together, he and his wife have collected more than 700 of them, many of which they have sold to others. The prints represent the only early picture records which cover the whole range of early American social life and were made by the lithograph process from original paintings beginning as far back as 1838. The present Hewitt collection depicts several eras of American history: life on the Hudson River, the Mississippi, the farm, the home, hunting, and general sports, centered on horse racing with the old-type two wheelers.

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Cleveland (Ohio) Plain Dealer: Doctor Edward Baker, for three years first assistant and backfield coach, was named head football coach at Carnegie Tech on the basis of a twoyear contract, succeeding William F. Kern. Doctor Baker was graduated from the University of Pittsburgh School of Dentistry in 1931 and worked as assistant football coach for several years under John Bain (Jock) Sutherland, who is also a dentist. Doctor Baker's immediate job will be to fashion a team from a squad of thirty to thirty-five players, average for Tech, and send them against four major opponents in the 1940 schedule-Pitt, Notre Dame, Holy Cross, and Duquesne-and four lesser foes.

Los Angeles (California) Examiner: To overcome the lethargy of the law, Doctor George W. McIlroy, a dentist who doubles as mayor of Middlefield, Ohio, took action in his own way. Getting a tip that a man had failed to pay for a tankful of gasoline at a filling station, the mayor strapped on two guns, jumped in his automobile and was away. His eighteen-year-old daughter accompanied him as an aide de campe. Outside a restaurant, they found the escaped man's car. Entering, they saw him staging a hold-up. As the



bandit backed out the door with \$85, the mayor pulled out one of his guns and fired a shot. Again the man was on his way with the mayor and his daughter following for five and a half miles. Near Burton, Ohio, the hold-up man's car skidded into a ditch. Out jumped the mayor. So did the hold-up man. He "covered" His Honor, took the mayor's car, and left him and his daughter by the roadside.

Ann Arbor (Michigan) Doctor Paul H. Jeserich, a member of the University of Michigan School of Dentistry faculty since 1933, has been named director of the new dental building to be known as "The W. K. Kellogg Foundation Institute: Graduate and Postgraduate Dentistry." Although affiliated with the School of Dentistry, the new institute will have its own budget and appropriations. Its staff will be separately organized, but some of the members also will teach in the School of Dentistry. The first of the two-week postgraduate courses in dentistry began in February at the Institute, which is to be dedicated in April,

Columbus (Ohio) Dispatch: In addition to his dental practice and duties as president of Zanesville's City Council, Doctor E. O. Dennis finds time to pursue a hobby of makviolins, cellos, grandfather clocks and fine furniture. The basement of his home is lined with benches, saws, motors, and carving tools. Almost every evening he can be found bending over a lathe, shaping a delicate musical instrument, or some piece of furniture. Frequently he turns out a nightstick of rare wood for presentation to some policeman who has distinguished himself in line of duty. One of his most prized possessions is a massive

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grandfather clock which required more than a year to complete, and much of the furniture in his home is the result of Doctor Dennis' labor. At present he is working on what he considers his masterpiece, a bed for his two-months-old grandson.

Los Angeles (California) Herald and Express: Under the leadership of Doctor St. Clair Murfey, a dentist and resident of Sunland, a scien1912 to 1922, he was American vice consul at Toluca during the World War. Through a mistake he was the first casualty of the 1919 revolution at Guadalajara. One day he entered the Hotel Francais, wearing a red necktie and a red lapel flower—the ornaments, which unknown to him, had been chosen by the revolutionary as their insignia. He was promptly siezed by the rurales, or constabulary, and gashed over the head with a saber during the excitement.



tific expedition has sailed from Los Angeles for three years' study in Mexico, Panama, and the South Pacific Islands. Doctor Murfey plans to spend a year on the Isthmus of Tehuantepec studying the herbs and trying to learn from the "medicine women" of the Zapateca Indians their secret ways of curing diabetes, barber's itch, and other diseases, with rare herbs. Hoping to add much to medical knowledge, Doctor Murfey will collect specimens of health giving herbs to classify botanically.

At Salina Cruz, Mexico, Doctor Murfey will be joined by Doctor Gilmore Gray, a Hollywood dentist, and George Overstrom, Los Angeles engineer; then they will sail on to Panama and into the South Pacific Islands to gather and photograph insects and rare fish. The entire trip will be made in Doctor Murfey's 40-foot auxiliary schooner Locura (Spanish for madness). Doctor Murfey, an amateur collecting biologist, has had a colorful past association with Mexico. A dentist there from

Grand Junction (Colorado) Sentinel: To members of the local Kiwanis Club, a recent report on dental health by Walter Rehwoldt, Director of the Elementary School Health Program, came as a pleasant surprise. He told them of the results that had been obtained by their contributions. During the year 1938, the Kiwanis Club decided to sponsor a dental corrective program as a child welfare project. A careful survey was made of the problem and similar projects in other parts of the state. It was finally decided to sponsor a dental health loan fund for the benefit of parents who could not afford to pay for their children's dental service. All of the local dentists cooperate with the service club by giving their time at a nominal fee. The project is supervised by Mr. Rehwoldt and the school nurse who select the patients and make the loans, checking carefully on all cases. Before the loan is made, parents are interviewed to see if it is possible to make some arrangement for repaying, so the fund can be kept rotating insofar as possible. Outside of the parents who are destitute, the majority are anxious to repay the money. The payments can be made by the children to their teachers at any

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time; their proper credit being entered on the loan sheet. The sponsoring of this fund has meant increased health security for the children, and has become one of the important activities of the Kiwanis Club.

Jersey City (New Jersey) Jewish Standard: A sudden inspiration, which came as he was listening to the radio at his home at 246 Van Nosterand Avenue, caused Doctor George H. Rawson, dentist and historian of Jersey City Post Number 10 of the Jewish War Veterans, to shut off the radio, jump to his piano, and compose a song that is now being used as the official song of the Post. As the only piece of paper he could find at the time was a brown paper bag, Doctor Rawson used this to jot down the notes of the song.

Awards for contributing newsworthy items to Dentists In The News this month go to:

JOHN F. PRUCHA, D.D.S., 12413 Miles Avenue, Cleveland, Ohio. MISS IDA RUCH, 1810 West Seventy-Sixth Street, Los Angeles, Calif. EDWARD WISEBERG, 41 East Forty-Second Street New York.

#### CAN YOU USE A DOLLAR?

To every reader who contributes a newsworthy item, something unusual about a dentist, which is published in this department, we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be acknowledged or returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to: Dentists in the News, Oral Hygiene, 708 Church Street, Evanston, Illinois.

### DEAR ORAL HYGIENE:

"I do not agree with anything you say, but I will fight to the death for your right to say it."—VOLTAIRE

#### Dentist Beautifies City

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be nd est As I thought you might be interested in knowing about the activities of Doctor B. M. Banton, of Yankton, a colleague of mine, I am sending you a photograph of the amphiheatre that he designed for our city park.

Doctor Banton has practiced dentistry in the same location in this city for nearly forty years which, I believe, represents the longest continuous dental location in either

North or South Dakota. Many years ago he built a residence in Yankton and decorated the grounds with a rock wall, a creek with a bridge, and flower pots, using a common rock known in South Dakota as niggerheads.

Several years ago Doctor Banton conceived the idea of constructing a bandstand for our park of the same materials, and for this all labor and materials were donated. Seats were constructed as well as the bandstand, and flower beds were arranged artis-



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tically about. The park in which the bandstand was erected has been renamed Banton Park.

Two years ago after being appointed a member of the Park Board by Mayor E. A. Crockett, a great grandson of Davie Crockett, Doctor Banton extended his plans to cover the entire city of Yankton. There has been much praise of his work and, of course, some criticism, but most citizens agree that Doctor Banton has worked diligently to improve the appearance of the city.—B. F. Lockwood, D.D.S., Yankton, South Dakota.

#### Dentistry in Near East

It was a pleasure indeed to read the story of Doctor M. Don Clawson and his work in the Near East. As a man who practiced several years in that part of the world and was associated with Clawson in the North Arabian Desert, permit me to say that the story is very true and typical of the man who is giving his best to promote American dentistry abroad. Out of good will and modesty Doctor Clawson gave the credit to others. It is good to see your journal

<sup>1</sup>Famous frontiersman of Tennessee who lost his life as one of the defenders of the Alamo at San Antonio in 1836. give him part of the share due him. I am equally glad to see the Shammar tribe mentioned in Oral Hyggene. While still in the North Arabian Desert I was honored by adoption into the Shammar family of forty thousand strong. This act, though undeserved, is very well appreciated. So as a Shammari, may I express to you my thanks for the good report about our tribe in the

Al-salam alaykum wa rahmat Allah wa barakatih—Peace unto you, with Allah's mercy and blessings.— E. S. Khalifah, D.D.S., 5351 Devonshire Avenue, Saint Louis, Missouri.

February issue of ORAL HYGIENE?

#### Transparent Car Top

In view of the present interest in methyl methacrylate resin in dental restorations, perhaps you would like to know about another use for the same material. I am enclosing a picture taken of a top I have just had made up for my car, using this material in three-eighths inch thickness. It is rigid, does not rumble, and of course the vision is almost 100 percent in all directions. The car was put on exhibition at the Philadelphia Automobile Show last year.—Paul S. Burnham, D.D.S., 214 West Ninth Street, Wilmington, Delaware.



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#### From Australia

Many thanks for the clipping from your December Dentists In The News. It is very nice of you to take an interest in the doings of dentists so far away from your home base.

I understand that in the United

States hobbies are very popular and almost universal. If your publicity does anything to stimulate such health promoting relaxation, you will have done a great service. Again many thanks for your interest.—Val Blogg, L.D.S., East Caulfield, Australia.

#### STATE BOARD EXAMINATIONS

New Jersey State Board of Registration and Examination in Dentistry, annual examinations, week of June 24. Any person desiring to apply as a candidate must file application together with examination fee of \$25.00 on or before March 15. For information write to W. A. Wilson, D.D.S., 148 West State Street, Trenton.

The next examination to be conducted by the Board of Dental Examiners in California for dentists and dental hygienists will be held at the University of California, San Francisco, beginning on June 3, 1940, and in Los Angeles, the City Hall, commencing on June 24th. For complete information, write to Doctor Kenneth I. Nesbitt, Secretary of the Board, 515 Van Ness Avenue, San Francisco, California.

Ohio State Dental Board of Examiners, regular meeting, week of June 24. All applications must be in the hands of the Secretary at least ten days before date of examination. For information write to Doctor Morton H. Jones, 1553½ North Fourth Street, Columbus, Ohio.

Maine State Board of Dental Examiners, regular meeting, June 26-28, State House, Augusta. Applications along with necessary fee must be in the hands of the Secretary at least ten days prior to date of examination. For information write to Doctor Carl W. Maxfield, 31 Central Street, Bangor, Maine.

Florida State Board of Dental Examiners, regular meeting, week of June 24, Seminole Hotel, Jacksonville. Applications must be filed sixty days prior to date of examination. For information write to Doctor H. B. Pattishall, 351 Saint James Building, Jacksonville, Florida.

Mississippi Board of Dental Examiners, regular meeting beginning June 18, at Jackson. Application and fee must be in the hands of the secretary on or before June 8. For information write to Doctor A. B. Kelly, Yazoo City, Mississippi.

North Dakota State Board of Dental Examiners, regular examination, Gardner Hotel, Fargo, July 8-11. For information write to Doctor L. I. Gilbert, 401 Black Building, Fargo, North Dakota.

## Editorial Comment

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GIVE ME THE LIBERTY TO KNOW, TO UTTER, AND TO ARGUE FREELY ACCORDING TO MY CONSCIENCE ABOVE ALL LIBERTIES. John Milton

#### DENTISTS IN THE NEWS

Anything unusual that happens to a dentist is news to his colleagues. A triumph of a dentist in Rhode Island should be a point of pride to a dentist in Oregon. Anything good that befalls a dentist, anything that will raise him in the public esteem, should be a source of satisfaction to all dentists. To identify one member of a group with a thing of value is to elevate the public recognition for all members of the group—this is a form of group empathy. When the names of dentists appear in favorable rôles in the news, all dentists share in the feeling of pleasant identity. There springs from such an association an improvement in the morale of the group.

A newspaper or magazine breathes the life of the people who produce it. Publications are the shadows in ink of the people who make them. If the people are narrow, opinionated, prejudiced, the product that flows from the printing press will reflect these disagreeable qualities despite the niceties of typography or physical design. Conversely, tolerance and fairmindedness will be undisguised, if these qualities are possessed by the journalist. Editors do not make news. They spread out their lines as widely as they can. They take from all available sources and attempt to record accurately and interpret fairly what they receive. Editors' judgment, in common with that of other men, is often bad. They frequently "play up" the insignificant and that which strikes their own interests and "play down" the newsworthy or that which may be personally unlikable to them. Although editors may profess the hard-boiled belief in the school of objective, factual journalism, they can never wholly escape from the always present limitations of mere men with bias and prejudice. The best journalism, therefore, is probably the one that reflects the diverse opinions of many people. In such diversity there is the clash of interests and personalities, but there is also vitality and spice. The worst journalism is set to a rigid pattern, cut and dried, and produced to bolster at all

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enat en, nat or ors nal ent m, of eris all costs one type of philosophy and destroy all conflicting opinion. This danger exists in dental journalism as well as elsewhere.

The more personalities that produce a publication the better. The greater the variety of ideas and interests the better. People—and what happens to them—are the greatest news. People and their problems—all kinds of people and all kinds of problems—should pass through the editor's filter. He should try to separate the special pleaders, the publicity seekers, the wild men and their theories and cast them into the waste receiver. Everyone else deserves a respectful hearing.

When readers write the paper it's a better paper than when professional writers do the job alone. When every reader looks upon himself as a special correspondent and searches for news items to submit, the perfect publication is near at hand. There are, of course, no perfections, or even near perfections, in journalism. But when many readers feel close enough and friendly enough to a journal to participate in its publication, the editors have a reason for rejoicing. We gratefully acknowledge such a pleasant association with our readers. Every day there are submitted from every section of the country many interesting items about dentists for our department DENTISTS IN THE NEWS. We try to publish those with the widest interest and appeal. It is a matter of pride in the dental profession to say publicly and here: none of the items that we receive from dentists ever mentions anything unfavorable in the news about another dentist. Many clippings received carry favorable and praiseful stories about dentists, and these are often submitted by colleagues and fellow-townsmen. Good news does travel fast and far!

We should like every reader to consider himself a special and valued correspondent to this magazine and this is his invitation to share-the-news of his local colleagues with his dental colleagues throughout the country.

Edward ! Ryan

## Ask ORAL HYGIENE

Please communicate directly with the Department Editors, V. CLYDE SMEDLEY, D.D.S., and GEORGE R. WARNER, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply. Material of general interest will be published each month.

#### Sensitive Gingivae

Q.—I am wondering if you would have anything to offer as a suggested treatment for the following:

Patient: Woman, 34, has good tissue tone, healthy appearing mouth, no infection areas of any degree whatever, no non-vital teeth, good occlusion, normal bite relation. The patient is not nervous type, looks and is healthy.

She has some small amalgam restorations in posteriors, but all are one-surface occlusals, no gingival restorations.

Condition: Sensitiveness at the gingival of six or eight anteriors in both jaws. No unusual recession is evident, but the sensitiveness is there, especially on taking cold or hot drinks, or brushing the teeth.

In other cases, I have tried the dehydration of formaldehyde, but have not considered the result as satisfactory as I desired. I also have recommended a zinc chloride base mouth wash in certain cases.

What have you to suggest?—H. W. S., Iowa.

A.—In a case, such as presented, I would routinely make a complete roentgenographic examination for information as to bone mineralization and evidence in the lamina dura and peridental membrane of the affected teeth indicating excessive occlusal stresses. Then, in the clinical ex-

amination, I would examine these same teeth for facets and test with the finger tips for excessive occlusal stresses or tripping, as the teeth pass from centric to excentric occlusal relationship.

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If any evidence, clinical or roentgenographic, could be demonstrated that the teeth were being traumatized, adjustment should be made. We find that polishing external angles of facets on the mandibular teeth and lingual angles of facets on the maxillary teeth with garnet disks will usually reduce the occlusal stresses enough so that pulpal hyperemia will be relieved, and hypersensitiveness to thermal shock will be reduced. Two or three such polishings at intervals of a month or two may be required.

In addition to this, the patient should stimulate circulation by at least three minutes massage brushing twice each day.—George R. Warner.

#### Position of Central

Q.—I have a patient, a child of 8, who has an upper left central incisor which has erupted to the lingual of its proper position. When the jaws are closed this tooth is locked lingually to the lower incisors. There is, of course, no chance of tongue pres-

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sure restoring this tooth to its proper position as there would be in the case of a lower incisor. The right upper central incisor is in its proper position.

Is there anything that I can do for this patient, or should I refer her to an orthodontist?—T. N. J., Virginia.

A.—If you have had any experience in orthodontia it would be safe for you to put a labial orthodontic arch on this case from first molar to first molar, engaged in brackets on bands on the right central incisor and left lateral incisor.

Then with simple grass line ligature you can bring the left central incisor into normal position, if there is space enough between the right central and left lateral incisors. If there is not space enough, and expansion is necessary, the patient should probably be referred to an orthodontist. In fact if an orthodontist is easy of access it might be wise to have him handle the case in any event.—George R. Warner.

#### Use of X-ray

Q.—I would very much like to know how you would localize the position of a retaining apex of a tooth roent-genographically; that is, from buccal or lingual version? In other words, how could you determine diagnostically, utilizing various angulations of the x-ray tube, its approximate buccal or lingual version?

—A. E. S., New York.

A.—There are two ways to locate the bucco or labio-lingual position of a tooth or root. One way is to make an exposure at right angles to the original exposure. This method is practical in the case of an embedded maxillary cuspid, mandibular third

molar, or any other mandibular tooth or root.

The other method is to make three exposures of the tooth or root in question, one exposure from about twenty degrees to the mesial of the tooth in question, one perpendicular to the face of the tooth and one from 20° distal. Then, according to the relation of the tooth in question to the teeth on either side, in the different positions, can one decide if the position is lingual or labial. Or if the tooth moves in the same direction as the tube it is lingual to the adjoining teeth. or if it moves contra to the tube it is in labial relation.—George R. WARNER.

#### Occupational Hazard

Q.—I have a patient who has an unusual occupation. He is an egg taster in a plant where thousands of eggs are broken daily. He has been under my observation for the past eight months, and decay is developing at the rate of four to six cavities every four months. I am of the opinion that this is an occupational damage.

Any information you can give me on similar cases or on this case will be greatly appreciated.—J. C. S., Indiana.

A.—You are very likely right in your conclusion as to the cause of this man's difficulty. It would no doubt be well for him to have a basal metabolism test made and regulate his diet as this test may indicate.—V. CLYDE SMEDLEY.

#### Occlusal Stress

Q.—I am writing to you in regard to a gum condition, which my wife has. Her gums and teeth are in good condition except for a pocket between the upper right central and lateral and the upper left central

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and lateral. Recently I have noticed a slight pulling away of the gum tissue between the cuspid and lateral. I have treated these pockets with everything I know of, but I have not been successful in restoring the tissue to normal.

Can you suggest some treatment together with a diet which might be successful?

Needless to say, I'll be very thankful for any suggestions you can offer.

—V. G. B., Wisconsin.

A.—When pockets develop in the regions of which you speak, and conditions elsewhere in the mouth are normal, we almost invariably find excessive occlusal stress in these regions. Occasionally there is stress distal to these regions, which is being transferred to these points.

One case, in the mouth of a young woman, of a pocket on the disto-lingual of one maxillary central incisor was completely corrected by putting occlusal splints on the bicuspid and molar teeth, which raised the bite about two mm. and relieved the incisor teeth of occlusal stress. Many other cases have been relieved by rounding the labio-incisal angles of the mandibular incisors. I am treating a case in this manner now where there is a full complement of teeth in neutro-clusion.

Naturally one sees that subgingival areas are freed of roughnesses of any nature and that the gums receive stimulating brushing.

I assume that the diet is reasonably good in your wife's case or there would be other manifestations.—George R. Warner.

#### Infection Present

Q.—My patient is a man of 40. He complains about his mouth feeling

as though it were drawn up, similar to a feeling you would get if you used an astringent in your mouth.

The patient wears a partial upper vulcanite denture. He has numerous amalgam restorations and several gold inlays. His upper centrals are devitalized. Roentgenograms show no abscesses

For the first time he had this feeling early this summer. A smear was taken, which showed some Vincent's infection, but his mouth did not look as though it was present. I treated the condition locally and had a physician give him some injections of neoarsphenamine for Vincent's infection.

The sensation left entirely, but now for the past week the patient feels the same condition again. A Wassermann test was negative.

I'd appreciate any light you can throw on this case.—P. I. G., Pennsylvania.

A.—We have had similar experiences to the one given in your letter and have come to think that a low grade or mild Vincent's infection may be, and occasionally is, responsible for the sensations described.

We, therefore, in such cases, give a thorough prophylaxis treatment once a month for a while and use a spirocheticide each time. We then lengthen the interval between treatments to three months. The patient must give a massage brushing for at least three minutes twice each day but need use no chemicals.—George R. Warner.

#### On Dentures

Q.—I should like to have several questions answered regarding dentures.

1. A patient has an upper denture and it is removed with difficulty indicating plenty of suction, but when the patient talks it becomes loose. 1940 nilar

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2. Another patient has both upper and lower dentures. His articulation is good, he has good ridges, and suction on the lower denture, but the patient complains of pain over the crest of the ridge. The denture has been relined. With the upper denture there is no difficulty at all.

3. One of my patients has an upper denture, which is removed with difficulty, but he can press his anterior teeth and the denture will fall.

All the impressions were taken with compound and plaster wash.—
E. A. H., Ohio.

A.—1. Most likely in this case the buccal or labial periphery of the denture is too high or too thick, so that there is sufficient muscle tension against the denture to dislodge it during speech.

2. It is possible that the discomfort over the crest of the ridge in this case is the result of pressure on an area of sharp or spicular bone which cuts and bruises the gum tissue from beneath upon the slightest pressure on the denture.

3. This is frequently the case with well-fitted dentures, especially where esthetics require the anterior teeth to be set anterior to the supporting ridge. The answer is to teach the patient to avoid either a forward pull or straight upward pressure or tipping leverage against the anterior teeth. But instead have your patient acquire the habit pressing upward and backward into the mouth on any morsel of food that he may be attempting to bite, to avoid or counteract any tipping force that might otherwise be operative.

Another possible remedy is to extend the denture well onto the soft palate to increase its suction and stability. An adaptation to the soft palate that can be tolerated can usually be secured by having patient suck and swallow with a roll of softened compound across the palatal border.—V. CLYDE SMEDLEY.

#### Gingivitis

Q.—Will you kindly advise me on this case?

My patient is a man of 29; height, 5' 7"; weight, 135; general physical condition good except for chronic catarrh, occasional hives and fever blisters; diet contains the average amount of fresh fruits and vegetables, and in winter daily halibut liver oil capsules, drinks milk and well water with a high mineral content, is an habitual cigarette smoker. He spends most of his time out of doors and gets plenty of sunshine.

For the past five years the patient has suffered from gingivitis. It is quite severe in the months of July, August, and September. Then the condition gradually seems to disappear, the bleeding ceases, and the patient suffers little or no distress in the winter months, until the condition again returns in the summer.

I have scaled, treated daily with the ultra-violet ray, a light solution of chronic acid, and hydrogen peroxide, all with little success. Would you advise an allergy test?—L. J. G., Indiana.

A.—The problem presented in your letter is one that has never come to my attention before; that is, an exacerbation of ginglvitis in the summer months.

You seem to have been handling the case well and ordinarily it should have responded by a clearing up of the condition, provided the home care had been thorough and consistent.

Many clinicians have noted that cases of periodontal disease improve when the patients have improved in general health as a result of restful vacations or any other change that has stimulated the organism or improved general health.

Your idea that an allergic condition intervenes in the summer months may be right. We know that the mucous membranes of the mouth react unfavorably to foods to which a person is allergic. So it might be wise to have a complete food test made. And at the same time make a searching examination of change in habits during these months that the gingivitis increases in severity.

I should be pleased to know of the outcome of this case.— GEORGE R. WARNER.

#### Gagging

Q.—Being a reader of Oral Hygiene I get much information from reading the questions and your answers to the difficult problems presented by different dentists.

I have one that I thought you might enlighten me about. A patient of mine, a man about 40, had been all right until seven or eight years ago, when he was suddenly afflicted with gagging. When he brushes the inside or lingual aspect of the upper and lower back teeth he gags, so that it is impossible for him to brush the teeth properly. He also gags when shaving down the sides of his neck, when washing out his mouth, and often when even thinking about it. When he goes to the dentist to have his teeth cleaned he does not eat for one or two days.

I thought you might be able to answer this question or give me some idea of what is causing it. The patient has not been sick previous to the gagging. He was in an accident when he was a very young boy; he fell from a horse and hurt his hip.—J. C. M., New York.

A.—Curiously enough, considering how common and upsetting gagging is there does not seem to

be much about it in the literature. The Index of Periodical Dental Literature has nothing under the head of either gagging or retching, nor does Prinz and Greenbaum. Thoma's new book "Oral Diagnosis and Treatment Planning" says nothing about it. Even Prothero is silent on this subject in his book on "Prosthetic Dentistry" and it certainly concerns this branch of dentistry.

As a radiologist I've had a good deal of experience with gagging. and my partner, V. C. Smedley, encounters it almost daily in his denture work. He has had denture cases in which it was necessary to make roofless dentures because of persistent gagging even though a good post damming usually overcomes the gagging tendency. He relates the case of a man who was so irritated by his constant gagging that he tickled his throat with a feather until, as he expressed it, he "wore out" the gagging muscles.

I have found that gagging is partly at least a "state of mind," for I've had patients lose their tempers over gagging and they were then able to have the x-ray films placed far back in the palate without trouble. I've also frequently told people that they could control gagging, if they would just make up their minds and sure enough the trouble would be controlled.—George R. Warner.

#### Erosion and Abrasion

Q.—I have a patient, a man, 32, whose teeth have worn off and are almost to the sensitive stage.

He says that he does not grind his teeth in his sleep. His lower dentition is complete except for wisdom teeth, and the incisals on all teeth are



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worn toward the labial and buccal.

His upper teeth are in good condition, except for the wisdom teeth and left first molar, which are worn toward the lingual, the result of a natural bite of uppers over lowers, almost an end to end bite.—J. W. C., Indiana.

A.—The case described in your letter seems to me to be one of a combination of abrasion and erosion. These are rather rare cases, but we have seen a few of them. We have not been able to find a cause, although we have had extensive physical examinations made including blood chemistry. One case was diagnosed as a calcium-phosphorus imbalance

and the patient was put on a high calcium diet and activators. After a year, no change for the worse could be observed. The patient did not return the next year, so we have lost track of her.

For one of our patients we restored all of the anterior teeth with porcelain jacket crowns and the posterior teeth with gold inlays. This is satisfactory after three years.

If your case is a combination of erosion and abrasion, the loss of tooth structure will continue unless the teeth are covered with permanent restorations.—
George R. Warner.

#### DENTAL MEETING DATES

\* Cleveland Dental Society, annual Spring meeting, Statler Hotel, Cleveland, Ohio, April 8-9.

Washington University Dental Alumni Association, annual meeting, Dental School Building, 4559 Scott Avenue, Saint Louis, April 10.

Mississippi Dental Association, annual convention, Robert E. Lee Hotel, Jackson, April 15-17.

Louisiana State Dental Society, sixtieth annual meeting, Monroe, Louisiana, April 18-20.

Missouri-Kansas Dental Meeting, annual meeting, New Municipal Auditorium, Kansas City, Missouri, April 28-May 1.

New Jersey State Dental Society, annual meeting, Berkeley-Carteret Hotel, Asbury Park, May 8-10.

Tennessee State Dental Association, seventy-third annual meeting, Hotel Peabody, Memphis, May 13-16.

The Dental Society of the State of New York, seventy-second annual meeting, Hotel Statler, Buffalo, May 14-17.

Five State Post Graduate Clinic, eighth annual meeting, Willard Hotel, Washington, D. C., May 19-23.



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Grouch: "I hear that the football coach gets five times as much salary as the Greek professor. Isn't that quite a discrepancy?"

Student: "I dunno. Did you ever hear 40,000 people cheering a Greek recitation?"

C

Gerald: "How did you get along with your wife in that fight the other night?"

Harold: "Aw, she came crawling to me on her knees."

Gerald: "Yeah? What did she say?"

Harold: "Come out from under that bed, you coward!"

Bank Clerk: "You forgot to dot an "i" in your signature."

JACT W

Patron: "Would you mind dotting it for me?"

Bank Clerk: "I'm sorry, but it has to be in the same handwriting."

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Fair City Visitor: "What's that I smell?"

Farmer: "That's fertilizer, miss."

Fair City Visitor: "For land's sake!"

Farmer: "Yes, ma'am."

Edith: "Helen has been married six times!"

Janet: "Yes, the only way she could get a thrill out of Niagara Falls would be to go over it in a barrel."

C

The husband came home one evening recently and gave his wife an insurance policy.

He: "I've insured my life for ten thousand dollars so that if anything happens to me you will be provided for."

She: "How nice and thoughtful of you! Now you won't have to see a doctor every time you feel ill, will you?"

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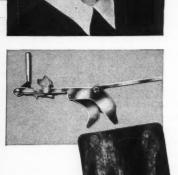
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And you, Doctor, know how to foster such confidence and loyalty! Small things—often trivial things—play their part. Yet, they all add up . . . amazingly. For instance, one of the wise

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things you can do is prescribe Pycopé Tooth Powder and Pycopé Tooth Brushes! This is your powder—your brush—never publicly advertised! By recommending them, you offer more evidence—tangible evidence—of your sincere concern for your patients' wellbeing. That this is most desirable in doctor-patient relationships, no one knows better than yourself!

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- Dentists turn to us for Silvodent, knowing that Silvodent sets harder and faster than any other Oxy-eugenol ever developed...that Silvodent can be placed in direct apposition with vital pulps .. that it soothes and saves and positively will not discolor.
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# "DO YOU CALL THAT Painless DENTISTRY?"

-"if you do, I don't!" Angry Mrs. Bell will not return next Tuesday. And for Mr. Bell and little Mary there will be no further treatments. The Bell family is through.

It could have been avoided, though this dentist doesn't yet see how. The only anesthetic he could have used for that work was a topical,—a good topical. And what do we mean, a good topical?

We mean just that, Doctor, a good topical—Rorer's Topical. With it, there's no pain for your patients, even in the insertion-pang of the hypodermic needle. Without it, by inflicting pain you may endanger the good will so indispensable to your future.

TO HEAD OFF PAINFUL SITUATIONS GET

### RORER'S TOPICAL

ANESTHETIC SOLUTION

You can't afford for a single day to be without this new anesthetic that penetrates and anesthetizes mucous membrane surfaces within two minutes.

Rorer's Topical is returnable within one month at the full price paid for anything less than complete satisfaction. Price \$3.00. Order a bottle today.

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VERNONITE and metal, dentistry's most popular duet, are winning high acclaim for harmonious performance. Even the most critical patients and prosthodontists praise the qualities of combination cases constructed with this outstanding acrylic denture base and your favorite gold or chromium alloy. Vernonite's great strength, extreme lightness, ability to adhere tightly to metal, and friendliness to tissue make it ideal for saddles and bars. Add to this an inherent cleanliness, natural inconspicuous beauty and permanent color and you have every reason to use or specify Vernonite. Illustrated below is a practical inexpensive lingual bar case made with Vernonite and gold. Palatal bar cases, skeletons, even extensive partials are just as satisfactory. Ask your laboratory for designs and estimates.

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Vernonite is the trade-mark, Reg. U. Pat. Off., for an acrylic resin denture material manufactured by the Rohm & Haas Co., Philadelphia, Pennsylvania, under U. S. Patent numbers 1,980,483 —2,013,295—2,120,006, and distributed by Vernon-Benshoff Co., Pittsburgh, Pennsylvania.

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AT LAST! PROOF THAT ALL DENTURE POWERE

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26.1% WHITER
50% MORE VISCOUS
46.5% MORE ABSORBENT
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26.1% Whiter (by Spectrophotometer reading) means proven purity . . . less foreign matter, less bark particles, less dirt! No dark gummy mass on patient's plate . . . easier to clean

NEARLY 50,000 DENTISTS USE AND RECOMMEND

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# ...Yet a psychological mis-fit!

#### EXPERIENCE SHOWS DENTURE SUCCESS 60% MENTAL

15-25 pounds biting pressure on aching gums slows plate mastery . . . often dooms fine dentures to discard

Expensive plates . . . skillfully made . . . perfectly fitted-yet never worn!

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Experience shows that 60% of the success of a new denture is psychological! Even the best-made plate is a huge, hard, foreign mass in a mouth that's never worn one. Exerting a biting pressure of 15 to 25 pounds, it torments tender gums ... often becomes a "mental handicap" ... and may end up, unused, in a bureau drawer . . . unfortunately, no compliment to the dentist who made it!

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46.5% more Absorbent, means greater viscosity despite saliva absorption.



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DR. WERNET'S Powder has been recognized professionally as a product that can be conscientiously and successfully prescribed. It is not advertised to the public because we believe that only a dentist is qualified to recommend its use.

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ARISTALOY microgranules are specially shaped and graded to allow smooth intimate contact with one another and against cavity walls. The comminuted particles condense solidly into an extremely hard, fine-grained structure. — Therefore, when compared with ordinary coarse alloys, scientific tests prove that Aristaloy condenses with a marked reduction in the size of the interstices. Consequently, retention of free mercury in the filling is reduced proportionately. This of course, results in higher tensile and crushing resistance and finally, in greater marginal strength. Aristaloy complies with A.D.A. Specifications #1.

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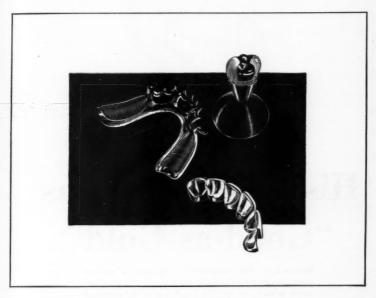
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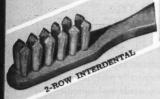
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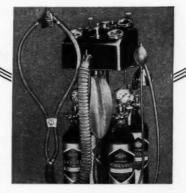
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Successful modern dentists recognize the truism that "the elimination of fear . . . the alleviation of pain and discomfort, ESTABLISH CONFIDENCE—and INCREASE PRESTIGE AND INCOME.

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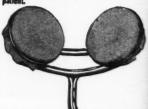
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#### .. WITH A DESIRED COMFORTING EFFECT

Applied to mucous membrane surfaces, Campho-Phenique hastens the return of comfort, helping to minimize swelling by increasing superficial circulation.

These characteristics recommend Campho-Phenique as a dressing for inflamed gums and lacerated tissues; after extractions, as a topical application before insertion of a hypodermic needle, as a local treatment for non-specific mouth infections.

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Gentlemen: Please send me a sam Campho-Phenique Liquid.	ple of
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THE DR. BUTLER
BLACK BRISTLE BRUSH



will outwear other brushes

We believe that our brushes are the best on the market, so we gladly make this special 'comparison' offer: You may have TWO Dr. Butler Brushes for 40c (covers only cost of packing and shipping). We suggest you check a hard or extrahard black bristle, and a hard or extra-hard unbleached or bleached bristles, for best comparison.

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JOHN O. BUTLER CO. 7359 Cottage Grove Avenue, Chicago, Ill. I enclose 40c for two brushes: (Stamps or coln only no checks)

- ☐ Hard Black
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  ☐ Extra-hard Unbleached
- ☐ Med. Bleached
  ☐ Hard Bleached
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for perfect one-piece impressions even of the most difficult orthodontia or partial denture cases.

Elasto-Velvax is the ideal impression material since IT IS ELASTIC WHEN COOLING. This means that where irregularities or undercuts are present, it will "give" without dragging when removed from the mouth; yet after removal, it will again assume the precise original form of the impression.

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Try Elasto-Velvax on your next few cases. Your dealer has it for only \$1.75 per half-pound box. Or write direct to us for booklet outlining the complete technique for its use.

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At no additional cost, TRIPLE PROTECTION brings Minimax anesthetic solutions to you full of "vim, vigor and vitality"... accepted by the Council on Dental Therapeutics of the American Dental Association. These solutions are safeguarded in three important, indispensable ways against the deteriorating effects of oxidation... first, the procaine and epinephrin in every cartridge are protected by an oxidation resisting chemical, called sodium bi-sulphite; second, the scientific Hy-Vac package guards against deteriorating factors reaching the solution; third, an oxygen absorbing chemical, pyrogallol, mechanically eliminates the last traces of oxygen within the Hy-Vac package.



Triple protection makes injections with Minimax Procaine Solutions 2% with Epinephrin comfortable, thorough, safe. Common sense tells you anesthetic triply protected is preferable. Use Minimax solutions and be triply sure!

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Prepared in 3 strengths: Epinephrin 1:30000, 1:50000 and 1:70000. Supplied in two size cartridges: large for standard syringes, small for short syringes: 25 ctgs. in each Hy-Vac package.

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The Minimax Co., Medical & Dental Arts Bldg., Chicago, Ill.

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A complete unit for ALL Dental Ceramic work.

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TRANSLUCENT PORCELAIN

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Apco "T" Porcelain requires no special technic, matures at 1875° F.

Steele's NEW Translucent Apco Porcelain is indicated wherever translucency is desired.

Write today for detailed information on these new products.

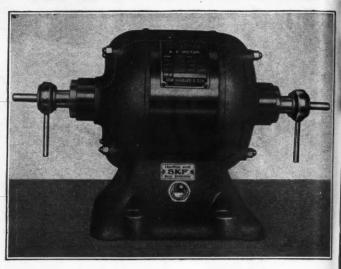
Steele's Ceram-A-Pak, a complete ceramic unit, contains the most popular shades of Apco (1875° F.) Porcelain, with a complete assortment of Steele's Super-Stains, Mixing Medium, Dilutant, Necessary Instruments, and Steele's Super-Glaze.

The Ceram-A-Pak is offered in a convenient mahagany finished cabinet.

Steele's Translucent Apco Porcelain, a recent development in the field of Ceramic Dentistry, is included in the above selection.

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#### RED WING DENTAL LATHE



A beauty to look at—Power that will surprise you—That's our Red Wing Dental Lathe.

There is nothing new about this lathe; hundreds of them have been in use since 1935, and so satisfactory have they proven that we feel you too should know about them.

A fully enclosed motor, equipt with S. K. F. ball-bearings, and tapered shafts that take any standard chuck.

Runs as quiet as a watch, requires lubrication but once a year.

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Many give the reasons, such as: "It is so finely ground and free from grit" . . . "safe and efficient" . . . "honestly advertised" . . . "have used Revelation for 30 years."

We are grateful for the widespread recognition indicated by our many dentist friends and pledge uncompromising allegiance to the formula, perfected by August E. Drucker in 1907.

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# Densene

"Only in nature . . . and Densene." It is with pride doctor, that we repeat in print this statement first spoken in our own laboratories.

For today, whenever and wherever dentists gather, you will hear sooner or later in their professional conversation, a reference to the amazing, life-like appearance of this one outstanding denture material. It is a color achievement without equal... duplicating to the subtlest point of perfection... the exact delicate pink peculiar to natural gum tissue.

We would like to add that the acrylic resin Densene also offers equally important advantages in outstanding strength, density, tissue tolerance and stability.

Densene is available in natural gum color and clear transparent for palates.



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## EXPOSED SURFACES OF ALL TEETH

IF YOU'LL ANALYZE the design of the Squibb Angle Toothbrush you'll find it's bent at an angle-just as your dental mirror is bent-to help you get at inaccessible places in the mouth. Now. look at the illustrations below and see how easy it is to reach exposed surfaces of all teeth with the Squibb Angle Toothbrush.

The Molars-See how easy it is to reach back of the last molar-with the Squibb Angle Toothbrush.



The Incisors-The "Mouth Mirror" angle makes it easy to brush the lingual surfaces of the incisors.



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Buccal Surfaces-The thin metal shank makes it easy to brush both the buccal and lingual surfaces of the teeth.



Occlusal Surfaces-The special features of the Squibb Angle Toothbrush make for more efficient brushing of occlusal surfaces. It is simple to keep the cross row of bristles in vertical alignment with the interproximal spaces.

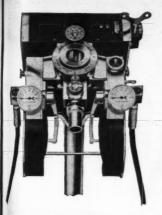


The Squibb Angle Toothbrush has three rows of high quality, natural bristlessix tufts to a row-suitably spaced. Two degrees of stiffness-hard and medium.

The Squibb Angle Toothbrush is a brush you will like to use yourself. toothbrush you will be pleased to recommend to your patients. It is suited to mouths of all types and adaptable to all brushing techniques.

The Forgotten Tooth Becomes the Remembered Tooth with the

SQUIBB ANGLE TOOTHBRUSH



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## The McKESSON NARGRAF

## It Breathes with the Patient

The Nargraf intermittent flow principle coordinates the flow of gas with the patient's respiration. Delivery valves are automatically opened by the patient's inhalation and automatically closed when the inhalation is completed. The Nargraf actually breathes with the patient.

This Nargraf principle promotes more prompt and easier anesthesia, particularly with robust and obstinate cases. It relieves the operator of the necessity of adjusting the flow rate at every change in the patient's breathing rate. It eliminates the waste of gas between inhalations. It greatly simplifies the administration and control of anesthesia.

The Nargraf intermittent flow is only one of the reasons why the McKesson Nargraf makes it easier for the dentist to avail himself of the many advantages of gas anesthesia and analgesia. You can learn more about the Nargraf by returning the coupon. It involves no obligation.

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am particul	arly interested	l in its	use for	anesthesia	only	□. For	both	anesthesia	and	analgesia	□.

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FROM 1870 to 1880—years of achievement. Bell transmitted the first sentence on the telephone, Edison filed patent for the incandescent lamp, and Dr. Phillips presented one of the most outstanding medical discoveries—Phillips' Milk of Magnesia.

The fact that Phillips' Milk of Magnesia had been standard in the practices of physicians and dentists for over sixty years is a tribute to a good sound product and a policy of avoiding far-fetched claims.

Note these Phillips' Aids to Dental Prophylaxis:

- Phillips' Milk of Magnesia Tooth Paste and Phillips' Milk of Magnesia Tooth Powder, as safe, efficient, cleansing dentifrices.
- Phillips' Milk of Magnesia—as a mild mouth antacid.
- Phillips' Milk of Magnesia Tablets, pleasant, mint-flavored, to sweeten the breath and combat acid eructations.



# PHILLIPS' Milk of Magnesia

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All lower full dentures must exhibit suction in abundance when built along Rational lines and are equipped with Buccal Brackets (Franklin) Do not overlook this fact in your endeavor to construct a practical lower full denture that will stay put all the time—at your demand—with food-filled mouth or unfilled. Order a reasonable supply of Brackets and with acquired skill in denture building—and some extra effort—one may soon dominate profitably an enlarged field.

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#### Traun's Granular

No. 74 for VENEERING

No. 77 for **FULL DENTURES** 

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IENT COUPON Perfection in denture work is an art. It is a combina-tion of your professional skill and the materials you use—and the cooperation of the patient.

use—and the cooperation of the patient.

TRAUN'S GRANULAR PINK helps you attain perfection in dentures. It is an artistic blend of various shades of pink rubber, the colors ranging from delicate rose to whitish pink. It reproduces the natural shades of the living tissues, simulating even tiny bloodveins. Furthermore, it is free packing and its tacky surface enables you to cut down the time and labor in processing. The slight extra cost is negligible.

NO. 74 is the kind to use for veneering.

NO. 77 is the new type and can be used without hesitation for full dentures.

To prove our claims we will send a generous trial supply for \$1.00. May we suggest you place your order now, either through your dealer or direct? -----

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Enclosed \$1.00 for sample package of TRAUN'S GRANULAR PINK No. 74 - No. 77. .........Address ...

## SHOWS STAZE HOLDS DENTURES TIMES AS LONG AS OTHER ADHESIVES!

It has always seemed logical to us that the cream paste form of Staze should provide sustained resistance to the dissolving action of mouth fluids. Enthusiastic comments from both dentists and users have consistently confirmed our belief in its superiority as a denture adhesive.

In order to obtain some measurable comparison of effectiveness, we recently evolved the "Swinging Weight Test" to check the holding power of Staze against other types of adhesives.

We acknowledge the limitations of any such test. But we stress one point most emphatically. This test does give a practical "common denominator" for measuring holding power.

On the basis of this "common denominator," Staze held the denture in place nearly three times as long as the next most effective adhesive tested.

We believe every dentist will want to knowand want his patients to know-of the extra convenience, comfort and satisfaction made possible by the cream paste form of Staze.

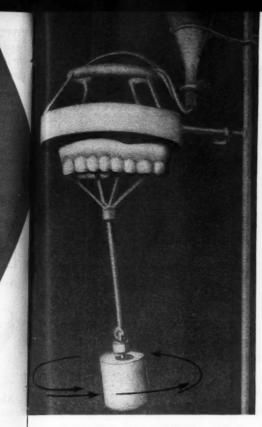
<u>irritatini</u> In cases denture
adhesive is indicated,
one factor is of vital
importance to both
patient and dentist. It where a denture must contribute to the greatest possible ex-tent to the patient's tent to the patient's comfort and satisfaction. It must be pleas and ant, economical ant, economical easy to use, of call, it must hold dentures must hold dentures comfortable in place comfortably in place for the longest possi-ble time.

MAKES FALSE TEETH

STAY IN PLACE

MLL DAY





#### THE SWINGING WEIGHT TEST

Every effort was made to make this a fair, and realistic common denominator for measuring comparative holding power.

A cast was made from the top of a denture to simulate the roof of the mouth. A weight of more than a pound was hung from the denture and kept in motion to simulate the strains and stresses of mastication. For obvious reasons, artificial, rather than natural mouth fluids were used. The assembly was bathed in a constant flow of this fluid throughout the test.

Each adhesive tested, including Staze was from a package bought in the open market. Each was used according to the maker's instructions in the package. Each in turn served as the sole support of the denture during the test.

Here is the relative holding power of Staze and four widely used power-type adhesives.

ADHESIVES	HOLDING TIMÉ RATIO
STAZE	640
Adhesive D	215
Adhesive C	170
Adhesive B	100
Adhesive A	100

Staze held the weighted denture in place nearly three times as long as the most effective of the power adhesives!

MAIL COUPON TODAY FOR FULL-SIZE TUBE AND DETAILS OF TEST

This coupon will bring you a regular 30c size tube of Staze for your trial, together with details of our graphic "Swinging Weight Test."

MAIL THIS COUPON

THE PHILLIPS & BENJAMIN COMPANY

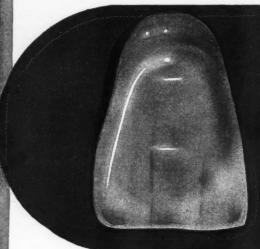
Please send me a full-size tube of Stase, and the details of your "Swinging Weight Test" showing its superior

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Dr. Myerson's "True-Blend" Anteriors are supreme because of their unique qualities, subtle beauty and proven strength. Masterful features that cannot be attained by mere copies. The use of Dr. Myerson's "True-Blend" Anteriors brings out the best there is in a denture. Beware of substitutes . . . Insist on Dr. Myerson's original "True-Blend".

Still way ahead in beauty and proven strength.

Recent copies do not have the beauty of the original "True-Blend", nor the "True-Blend" strength, proven in use since 1935

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BEAUTY
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## DR. MYERSON'S MODERN-BLEND ANTERIORS

For vulcanite dentures, none can equal, much less surpass, Modern-Blend Anteriors for their naturalness, beauty and strength. Modern-Blend Anteriors are also your best choice for immediate dentures. Eliminate the sudden change in appearance between the temporary and the permanent plate. The best copy of Myerson's "True-Blend" by Dr. Myerson himself.

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IDEAL TOOTH INCORPORATED

# A CURE-ALL ON THE "MAYFIOWER"



A quick cure for the Pilgrim Fathers' toothaches, this extracting instrument, belonging to the surgeon of the "Mayflower", contained forceps (left), pelican (right) and elevator (lower right) in one.

## How about the denture-cleanser your patients use?



As much a curio as this ancient three-in-one torturer, are the old-fashioned methods of denturecleaning still widely employed today...brushing, ostrong acids, harsh abrasives, household cleansers that may wear down or distort expensive plates... "cleaners" that do not really clean!

Discover for yourself ... and recommend to your patients ... a modern denture-cleanser ... POLIDENT!

Safe, sure, easy and economical to use, a solution of POLIDENT in a little water SOAKS plates sweet and clean . . . dissolves toughest mucin, tarnish, food debris . . . leaves plates fresh, sparkling, odorless. Does not harm rubber, precious metals or newer denture materials.

SEND FOR FREE SUPPLY! Mail lower portion of this page with your card or letterhead to HUDSON PRODUCTS, Inc., 220 W. 19th St., New York City.

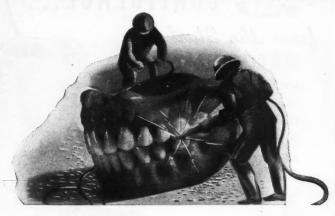


A MODERN No-Brush Cleanser





## SOME DENTURES REALLY HURT!



# DR. FRENCH'S MODIFIED POSTERIORS

The frequent pain experienced by denture patients is many times the direct result of lateral thrust—a continual pounding against the delicate tissues of the ridges. This invariably occurs when the denture is made with intercusping teeth. With Dr. French's Modified Posteriors, the harmful effects of the lateral masticating forces have been overcome by cutting away the buccal cusps of the lowers. There are no buccal cusps, hence no lateral thrust, hence no resultant pain and annoyance. And that's just one of the many advantages in using them. (Write for new booklet—"Mystery, Mystery, What Holds the Chin?")

Specify these finer, more practical teeth for your next case, using them, for best results, with

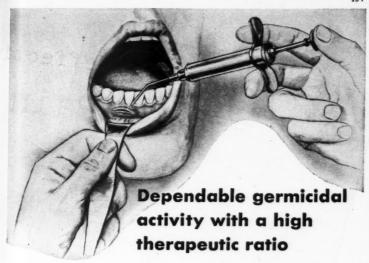
#### NUFORM ANTERIORS

And specify both with a U. D. Shade Guide

UNIVERSAL DENTAL COMPANY

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PHILADELPHIA, PA.



CLINICALLY, the dental surgeon selects therapeutic and prophylactic preparations which do not interfere with normal physiology in the dental zone. In the field of antiseptics, on the basis of germ-killing action and tissue toxicity, Hexylresorcinol 'Solution S.T. 37' is probably the safest and most effective antiseptic available for clinical use.

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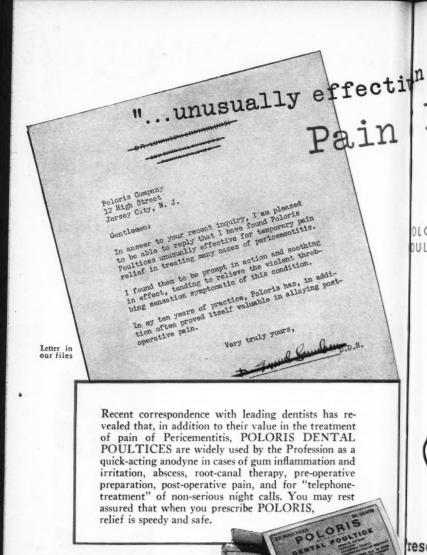
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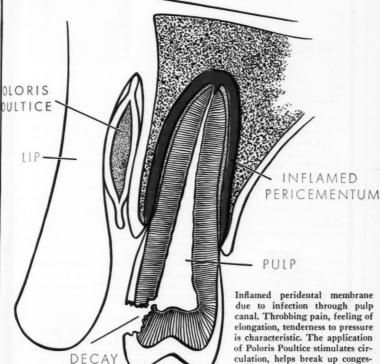


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For FREE SUPPLY of these practice-building products . . . send your card or letterhead to Poloris Company, Inc., 12 High Street, Jersey City, N. J.

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due to infection through pulp canal. Throbbing pain, feeling of elongation, tenderness to pressure is characteristic. The application of Poloris Poultice stimulates circulation, helps break up congestion and acts as a local anaesthetic.

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#### DENTURE ADHESIVE POWDER

for your patients' comfort

#### holds dentures fast without irritation

Developed in the United Drug Company's Department of Research and Technology in one of America's finest and most modern drug laboratories, Rexall Denture Adhesive Powder is processed from a harmless vegetable gum — actually it is as pure and wholesome as a food, and there is no disturbing taste.

It is easy to use. Just sprinkle the powder evenly on the dental plate, when wet, where it touches the gums and the roof of the mouth and press firmly into place. It forms a firm adherent, replacing worry and self-consciousness with confidence, for it permits normal and

natural expressions when eating, talk-

ing or singing.

Rexall Denture Adhesive Powder is sold only at any of the 10,000 Rexall Drug Stores in the United States, Canada and throughout the world. Liggett and Owl Stores are also Rexall Stores.

You can win your patients' gratitude by recommending Rexall Denture Adhesive Powder. Your conveniently located Rexall Drug Store has it in the economically priced sprinkle-top can, together with a complete line of U. D. and other standard oral hygiene products.



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# Between

The Tooth-Tip on a LACTONA Brush is an unfailing "Go-Between" the dental office and the patient.

his a practical aid to the dentist for improving the brushing habits of the patient. Right there on the brush handle, the Tooth-lip is a constant reminder of the instruction given to the patient by the dentist.



The Tooth-Tip is effective for the cleansing and stimulation of interproximal tissue. A LACTONA Tooth-lip Toothbrush is a complete instrument for daily home care. By combining two separate instruments in one, for the cost of the brush alone, better patient co-operation is assured.

The finest work of the brush maker distinguishes a LACTONA Tooth-Tip Toothbrush from all others. Skill and precision in manufacture permits stapling the bristle pattern very closely to the edges of the handle. This refinement eliminates from the bristle end of the brush all unnecessary width and bulk.

Trim and compact, with properly spaced bristle knots, a LACTONA Tooth-Tip Toothbrush meets every specification for patient armamentarium necessary for adequate daily care of the mouth.



#### DIFFERENT BRISTLE **TEXTURES**

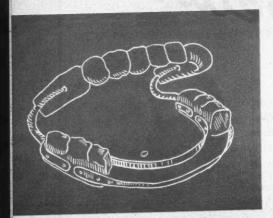
Natural black, regular unbleached and white (bleached) bristle.

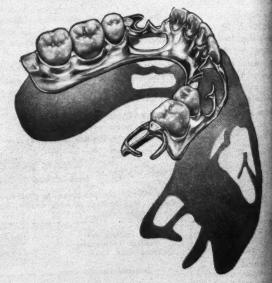
USE THE COUPON FOR TRIAL BRUSHES



#### Lactona, Inc., St. Paul, Minn. This offer at 20c per brush, to cover cost of mailing, handling, etc., limited to 2 brushes to each dentist. Please indicate bristle texture and handle color. Extra Hard Unbleached ☐ Hard Unbleached Hard Black Medium Unbleached Hard White (Bleached) Medium White (Bleached) Extra Hard Black Indicate Handle Color\_ Dr. Address. City\_ Be sure to specify bristle texture. This special trial offer limited to registered dentists only.

SPECIAL TRIAL OFFER







TICONIUM

#### TICONIUM DEVELOPED A SPECIAL TECHNIQUE SUITED TO THE PECULIARITIES OF NON-PRECIOUS METALS.

A colloidal impression is taken of the master cast in a special Ticonium flask, designed to compensate for the shrinkage of the colloidal materials in cooling. Water is accurately measured and the investment powder weighed for each mix so that the investment has a definite, predetermined setting and thermal expansion. The waxed up case is invested in a special flask made of copper wire screen to permit uniform as well as complete thermal expansion. The invested case is heated in an electric oven the temperature of which is thermostatically controlled. New metal is used for each casting so that the restoration possesses the same high physical properties as the ingot itself. Electrically melted, Ticonium is free from the pits and marred surfaces that result from contamination and gas absorption in other methods of casting. Oxides which form about Ticonium in melting are mechanically separated from the pure metal that is cast.

These are the many reasons why Ticonium restorations are immediately comfortable. The character of the metal and the scientific accuracy of the technique assure you that Ticonium restorations will remain comfortable permanently.

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#### VIBROFLEX FLEXIBLE COTTON ROLL

IF YOU DESIGNED COTTON ROLLS! Wouldn't YOU desire flexibility?

Because all upper or lower teeth can be kept dry at the same time for DENTAL EXAMINATIONS and GINGIVAL TREAT-MENTS



Like This

FOR UPPERS

using a single long piece, third molar to third molar.

FOR LOWERS

using two pieces



Wouldn't YOU design the Roll so that a single piece can be used for operating on lower teeth?



Because a single long piece has the absorbent capacity of several short ones and frequent changing is eliminated and there is the great importance of saving operating time.

The single piece can be used with or without Roll Holders.

Would YOU overlook the ease of handling the Roll packagedinBags? Because in

manner the Roll can be pulled out and cut to length required. The unused portion remaining in the Bag would be fully protected from possible infection.

Steam Sterilization of the package would be unquestioned.

A DENTIST has designed VIBROFLEX and all these important points are combined in the finished product.



#### ITS USE PROVES ITS ECONOMY

Buy from your Dealer       1     Bag, 180 Inches     \$0.30       6     Bags     1.75       12     Bags     3.45       36     Bags     10.00	Free Sample on request VIBRO-DENTAL PRODUCTS, INC. 214 S. 12th Street, Philadelphia, Pa. Please send me free sample of VIBRO Dr
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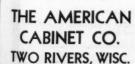
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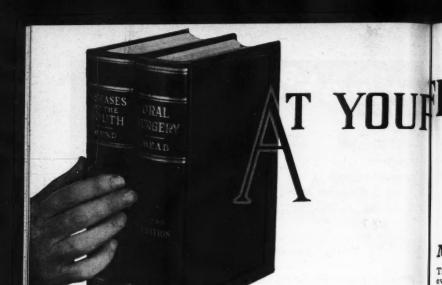
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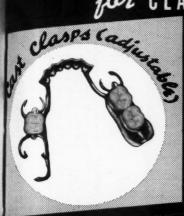
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